

<b>Case Number:</b>	CM15-0030076		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/24/2001
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 31-year-old woman sustained an industrial injury on 5/24/2001. The mechanism of injury is not detailed. Current diagnoses include chronic back pain, lumbar spondylosis, lumbar radiculopathy, and lumbar disc displacement. Treatment has included oral medications, lumbar epidural injections, lumbar facet injections, and medial branch blocks. Physician notes dated 1/19/2015 show complaints of pain to the right foot, leg, ankle, and lumbar spine rated 8/10. The worker states that the pain has been worsening. Recommendations include EKG, continue medication regimen, discussion of spinal cord stimulator with video given to the worker, lumbar facet neurotomy as requested, and follow up in four weeks. On 2/3/2015, Utilization Review evaluated a prescription for bilateral lumbar facet neurotomy of L3, L4 and L5 using fluoroscopy, that was submitted on 2/8/2015. The UR physician noted that the documentation from a recent medical report does not establish subjective and objective findings that are consistent with facet mediated type of pain. Further, the facet injections provided would not be diagnostic or support proceeding to a facet neurotomy. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Bilateral Lumbar Facet Neurotomy L3, L4 and L5, using fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy.

**Decision rationale:** This patient presents with pain located in the right foot, leg and ankle. The patient also complains of pain in the lumbar spine. The current request is for BILATERAL LUMBAR FACET NEUROTOMY L3, L4 AND L5 USING FLUOROSCOPT. ODG, Low Back, Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: Criteria for use of facet joint radiofrequency neurotomy: 1. Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). The ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. Review of the medical file indicates that the patient had an epidural injection on 6/18/14 and a facet block on 7/9/14 in which the patient was "70% better." In this case, the request for the bilateral facet neurotomies are not indicated as the diagnostic block is rendered invalid. Medial branch blocks are indicated for patients with no radicular symptoms. This patient has lumbar pain and leg pain with a diagnosis lumbar radiculopathy. This request IS NOT medically necessary.