

<b>Case Number:</b>	CM15-0048099		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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:

The injured worker is a 37-year-old male, who sustained an industrial injury on January 16, 2012. He has reported lower back pain. Diagnoses have included lumbar facet arthropathy, lumbar spine radiculitis and radiculopathy, and chronic pain. Treatment to date has included medications, epidural, physical therapy, lumbar/sacral spine rhizotomy, and imaging studies. A progress note dated February 9, 2015 indicates a chief complaint of worsening lower back pain. The treating physician documented a plan of care that included medications and a lumbar/sacral spine radio frequency rhizotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-S1 facet rhizotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**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 Low back Chapter under Facet joint diagnostic blocks.

**Decision rationale:** Based on the 02/09/15 progress report provided by treating physician, the patient presents with low back pain rated 4/10 with and 8/10 without medications. The request is for BILATERAL L3-S1 FACET RHIZOTOMY. Patient's diagnosis per Request for Authorization form dated 02/20/15, includes lumbar facet arthropathy, lumbar radiculitis and lumbar radiculopathy. Treatment to date has included medications, epidural, physical therapy, lumbar/sacral spine rhizotomy, and imaging studies. Patient's medications include Ibuprofen. The patient is working without restrictions, per treater report dated 02/09/15. 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). 2. While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." ODG Low back Chapter under Facet joint diagnostic blocks states: "1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine." Per progress report dated 02/09/15, treater states the patient is status post Facet Radiofrequency Rhizotomy at lumbar level bilateral L4-S1 on 12/12/14, with 20-50% overall improvement reported by patient in the following areas: "driving, mood, sexual relations, sitting, sleeping, standing, tying shoes, working at job." Treater also reports "rhizotomy L/S done 12/14 - not as effective as the one in 2013. 2013 rhizotomy was helpful for 1 year! Patient wants to repeat it previous procedure 10/18/13 provided 80%." Treater continues " given the patient's prior positive response and recent increase in pain, a repeat facet rhizotomy is being requested the diagnostic block provided greater than 80% pain relief with temporary improvement in function, opiate pain medication were held 4 hours before and after the trial median branch nerve block, no fentanyl/versed IV sedation was used. The facet rhizotomy will be administered in conjunction with a home exercise program to strengthen the axial spine and supporting musculature following pain reduction from the procedure." In this case, treater has discussed decrease in medication intake, improvement in function, and follow up treatment plan to include home exercise program. ODG allows for repeat radiofrequency neurotomy when there is at least 12 weeks of 50% or more pain relief and "they should not occur at an interval of less than 6 months from the first procedure." Patient's first rhizotomy on 10/18/13 provided significant results of 80% relief, and the second rhizotomy on 12/12/14 provided 20-50 percent overall improvement. A repeat rhizotomy would be indicated by guidelines given positive response. However, there is only a 2 month interval from last lumbar radiofrequency ablation performed on 12/12/14 and Request for Authorization date of 02/20/15.

Furthermore, the request for bilateral L3-S1 indicates 3 joint levels, and guidelines state "no more than two joint levels are to be performed at one time." Moreover, the patient has a diagnosis of radiculopathy. Facet joint evaluations or treatments are not recommended when radicular or neurologic findings are present. This request for repeat facet rhizotomy is not in accordance with guidelines and cannot be substantiated. Therefore, the request IS NOT medically necessary.