

<b>Case Number:</b>	CM15-0057761		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/01/2002
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 50 year old male who sustained a work related injury on July 1, 2002, incurring back injuries after a motor vehicle accident. He was diagnosed with lumbar spine degenerative disc disease and underwent a double lumbar fusion. Treatment included nerve blocks, physical therapy, massage therapy, acupuncture sessions, anti-inflammatory drugs, and muscle relaxants. Currently, the injured worker complained of lower back and neck pain. The treatment plan that was requested for authorization included one facet lumbar rhizotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 facet rhizotomy at L1-L2, L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections/RFA, page 300.

**Decision rationale:** Per ODG, facet rhizotomy are not recommended as current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit diffuse paraspinals tenderness symptoms without documented failed conservative trial. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results showing disc degeneration and protrusion changes. Submitted reports have not demonstrated support outside guidelines criteria. Submitted reports have not demonstrated support outside guidelines criteria for rhizotomy as previous medial branch block have not demonstrated specific duration of relief identified, what improvement in ADLs, functional status, decrease in medication dosages, or medical utilization are specified. The 1 facet rhizotomy at L1-L2, L5-S1 is not medically necessary and appropriate.