

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0170792 |                              |            |
| <b>Date Assigned:</b> | 10/23/2014   | <b>Date of Injury:</b>       | 06/28/2011 |
| <b>Decision Date:</b> | 12/17/2014   | <b>UR Denial Date:</b>       | 09/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2014 |

### 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. The expert reviewer is Board Certified in Orthopedic surgeon and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 42-year-old female with a date of injury of 6/28/2011. A progress note dated 8/25/2014 states the patient is having burning pain in her lumbar spine that radiates down to both lower extremities, right greater than left. She reports numbness and weakness in her right leg to her toes. She has difficulty with standing, sitting, walking. She has tenderness to palpation of the lumbar spine extending into the facet region and a positive facet provocation test. She has decrease sensation over the right L5 and S1 dermatomes. She had a medial branch block on the right at L4-5 and at L5-S1 on 8/13/2014 and had relief following the procedure for approximately 5 hours. Her pain level decreased from 8/10 to 5/10. A request is made for a rhizotomy on the right at L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Lumbar Rhizotomy to right L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, facet joint radiofrequency neurotomy

**Decision rationale:** The ACOEM guidelines state that there is good-quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar spine. Lumbar facet neurotomies reportedly produce mixed results in the lumbar spine. Facet neurotomy should only be performed after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. According to the O DG the diagnostic blocks should give a response of 70% or greater of pain relief. According to the medical record the patient's pain relief only went from an 8 to a 5 which is much less than 70%. Secondly the diagnostic block should be limited to patients with no radicular pain. This patient does have radicular pain. In addition, the use of IV sedation may be grounds to negate the results of a diagnostic block. Therefore, since the diagnostic block did not produce the required pain relief and since it was done in a fashion to question its validity and since facet neurotomies in the lumbar spine have mixed results, the medical necessity for a facet neurotomy (rhizotomy) has not been established.