

<b>Case Number:</b>	CM14-0025600		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/29/1998
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Surgery has a subspecialty in Spine Fellowship Trained and is licensed to practice in California. 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:

According to the records made available for review, this is a 51-year-old female with a 6/29/98 date of injury. At the time (2/4/14) of request for authorization for Neurotomy at L-L5, there is documentation of subjective (severe low back pain, bilateral buttocks, and bilateral groin pain, no evidence of lumbar radiculopathy) and objective (lumbar spine tenderness from L3-5 level bilaterally, bilateral lumbar facet tenderness L4-S1, worsening pain with extension, side bending, and rotation of the spine, limited lumbar spine range of motion, normal neurological examination) findings, current diagnoses (lumbar spine spondylosis without myelopathy, bilateral lumbar facet syndrome, and degenerative lumbosacral spine/disc/facet disease), and treatment to date (activity modification, chiropractic, physical therapy, medications, TENS, acupuncture, and diagnostic lumbar facet injection (DOS 3/15/12 with 65% pain relief lasting for 2-4 days and associated significant relief of muscle spasms and stiffness, and patient was more functional during the pain relief period)), and right L3-4, L4-5, and L5-S1 radiofrequency neurotomy (DOS 1/21/14). 1/6/14 medical report identifies a request for radiofrequency bilateral lumbar facet (medial branch neurotomy) at L4-5, L5-S1 level, under fluoroscopy. There is no documentation of at least one set of diagnostic medial branch block with a response of  $\geq$  70%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurotomy at L-L5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS 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 Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar spine spondylosis without myelopathy, bilateral lumbar facet syndrome, and degenerative lumbosacral spine/disc/facet disease. In addition, 1/6/14 medical report identifies a request for radiofrequency bilateral lumbar facet (medial branch neurotomy) at L4-5, L5-S1 level, under fluoroscopy. Furthermore, there is documentation of evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. However, despite documentation of a diagnostic lumbar facet injection (DOS 3/15/12 with 65% pain relief lasting for 2-4 days and associated significant relief of muscle spasms and stiffness, and patient was more functional during the pain relief period), there is no documentation of at least one set of diagnostic medial branch blocks with a response of 70%. Therefore, based on guidelines and a review of the evidence, the request for Neurotomy at L-L5 is not medically necessary.