

<b>Case Number:</b>	CM14-0192406		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	06/10/2005
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 10, 2005. In a Utilization Review Report dated October 20, 2014, the claims administrator denied a request for lumbar rhizotomy procedures. The claims administrator stated that its denial was based on teleconference with the attending provider in which the attending provider was reportedly unable to explain how the proposed rhizotomy would help the applicant's reportedly weak lower extremity musculature. The claims administrator did not, however, incorporate any guidelines into its rationale. The claims administrator stated that its decision was based, in part, on a September 23, 2014 progress note. On October 7, 2014, the applicant reported ongoing complaints of low back pain. The applicant had received medial branch blocks to the L5-S1 nerve roots on September 11, 2014. The applicant stated that he felt better since the injection and was therefore awaiting authorization for a therapeutic rhizotomy at L5-S1. The applicant was using a cane to move about. The applicant was status post epidural steroid injection therapy on October 10, 2013 and was using Norco and Norflex for pain relief. 3-4/10 low back pain was noted with radiation of pain to and numbness about the right lower extremity. The applicant was obese, with BMI of 30. Lower extremity strength ranging from 4+ to 5-/5 was appreciated. Therapeutic lumbar rhizotomy procedures were sought while the applicant was given refills of Norco and Norflex. The applicant case and care were complicated by comorbid hepatitis, it was acknowledged. In a questionnaire dated October 7, 2014, the applicant was acknowledged that he was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic Rhizotomy Bilateral L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, 309; 301.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections of which the proposed lumbar rhizotomy procedures are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does endorse some limited role for facet neurotomy procedures/rhizotomy procedures in applicants who have had a favorable response to earlier differential dorsal ramus medial branch diagnostic blocks, in this case, however, it is far from certain that the applicant has facetogenic or discogenic low back pain for which facet injections/medial branch blocks/lumbar rhizotomy procedures could be considered. The applicant was described on an office visit of October 7, 2014, referenced above, as having ongoing complaints of low back pain radiating into legs. The applicant was using a cane to move about owing to documented weakness about the lower extremities scored at 4+ to 5-/5. The applicant's primary pain generator, thus, appears to be active lumbar radiculopathy as opposed to discogenic or facetogenic low back pain. The request, thus, cannot be endorsed owing to the (a) unfavorable ACOEM position on the article at issue and (b) owing to the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.