

<b>Case Number:</b>	CM14-0205944		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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: Texas  
Certification(s)/Specialty: Orthopedic Surgery

### 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 40-year-old male with a reported date of injury of 05/15/2009. The mechanism of injury was not provided. The injured worker has been diagnosed with chronic lumbar radiculopathy, lumbar herniated disc, and chronic pain syndrome. On 10/22/2014, the injured worker presented for a follow-up visit with complaints of persistent lower back pain with radiating symptoms into the bilateral lower extremities. It was noted that the injured worker was pending authorization for a lumbar epidural steroid injection, as well as a rhizotomy. The injured worker has been previously treated with chiropractic therapy, acupuncture, medication management, and physical therapy. The injured worker underwent a transforaminal left L5-S1 injection on 05/29/2013 and a left L3-S1 medial branch block on 12/18/2013. The current medication regimen includes Gabapentin 600 mg, Flexeril 7.5 mg, Prilosec 20 mg, and naproxen. Upon examination, there was tenderness to palpation of the lumbar spine, spasms in the bilateral paraspinal region, diminished sensation in the L4, L5, and S1 dermatomes, diminished patellar and Achilles reflexes, and positive straight leg raise at 60 degrees. Treatment recommendations at that time included a lumbar rhizotomy at the left L3-S1 levels for therapeutic purposes. A Request for Authorization form was then submitted on 10/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rhizotomy at left L3-4, L4-5 and L5-S1:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state prior to a facet joint radiofrequency neurotomy, the treatment requires a diagnosis of facet joint pain using a medial branch block. According to the documentation provided, the injured worker underwent a medial branch block on 12/18/2013 with 80% relief of symptoms for 3 weeks to 1 month. However, there was no documentation of objective functional improvement. Additionally, the patient has objective evidence of lumbar radiculopathy on examination. Therefore, the current request cannot be determined as medically appropriate at this time. The Official Disability Guidelines also state there should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. As such, the injured worker does not meet criteria as outlined by the above mentioned guidelines. As such, the request is not medically necessary.