

<b>Case Number:</b>	CM14-0211588		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Illinois, California, 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 37-year-old male, who sustained an industrial injury on 07/05/2013. The 2/1/14 lumbar spine MRI impression documented multilevel degenerative disc disease, particularly from L3/4 through L5/S1. At L4/5, there was a broad-based disc protrusion with encroachment of the right L5 nerve root, and moderate to severe left foraminal narrowing. At L5/S1, there was a broad based disc bulge with mild to moderate facet arthropathy and mild foraminal narrowing. The 4/4/14 lower extremity EMG/NCV was within normal limits. The patient underwent medial branch blocks at L4/5 and L5/S1 bilaterally on 11/24/14. The 12/1/14 pain management report indicated that the patient had very good results from his medial branch blocks, and was able to move about more freely without his usual pain. Current pain was reported 5/10, with least pain 3/10. Authorization was requested for rhizotomy at L3, L4, and L5/S1 dorsal ramus, starting on the right side then the left. The 12/4/14 treating physician report cited low back pain, 5.5/10 without medications and 3.5/10 with medications. The patient had undergone medial branch blocks at L4/5 and L5/S1 bilaterally on 11/24/14 with no significant relief of his symptoms. Physical exam documented normal gait, normal heel/toe walk, paravertebral muscle tenderness, mild to moderate loss of range of motion, and normal lower extremity strength. He had failed prior conservative treatment including time, rest, life style modification, medications, physical therapy, and now medial branch blocks. The patient was to consider surgical options. On 12/10/14, Utilization Review non-certified RF Lesioning L3, L4, L5 Dorsal Ramus under Fluoroscopy and Anesthesia- right side and RF Lesioning L3, L4, L5

Dorsal Ramus under Fluoroscopy and Anesthesia- left side. The CA MTUS, ACOEM Guidelines ODG were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RF Lesioning L3,L4,L5 Dorsal Ramus under Fluoroscopy and Anesthesia- right side:**

Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic, Facet joint radiofrequency neurotomy

**Decision rationale:** The California MTUS guidelines do not provide recommendations for facet rhizotomy. The Official Disability Guidelines indicate that facet joint radiofrequency neurotomy is under study. Treatment typically requires a diagnosis of facet joint pain using a medial branch block with initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. Guideline criteria have not been met. The patient underwent medial branch blocks on 11/24/14. The pain management physician reported very good results one week later and requested rhizotomy. The treating physician documented failure of medial branch blocks 3 days later. Given the absence of a positive sustained response to the medial branch blocks with at least 50% reduction for 6 weeks, proceeding with rhizotomy is not supported by guidelines. Therefore, this request is not medically necessary.

#### **RF Lesioning L3,L4,L5 Dorsal Ramus under Fluoroscopy and Anesthesia-left side: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar and Thoracic, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** The California MTUS guidelines do not provide recommendations for facet rhizotomy. The Official Disability Guidelines indicate that facet joint radiofrequency neurotomy is under study. Treatment typically requires a diagnosis of facet joint pain using a medial branch block with initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. Guideline criteria have not been met. The patient underwent medial branch blocks on 11/24/14. The pain management physician reported very good results one week later and requested rhizotomy. The treating physician documented failure of medial branch blocks 3 days later. Given the absence of a positive sustained response to the medial branch blocks with at least

50% reduction for 6 weeks, proceeding with rhizotomy is not supported by guidelines. Therefore, this request is not medically necessary.