

<b>Case Number:</b>	CM14-0216045		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	12/06/1984
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 61-year-old male was injured 12/6/1984. The mechanism of injury was not available. By 2014 the injured worker complained of constant lumbar pain that was burning, achy in nature with no radiation to the legs. With treatment medications the injured worker can perform activities of daily living. His pain intensity with medications is 5/10 and without medications 10/10. The duration of medication was 6 hours. The medications included Tylenol-Codeine, Prednisolone and cyclobenzaprine. The last CURES, urine test and pill count were appropriate. The injured worker was able to do home exercises including aerobic walking for 30 minutes. The lumbar range of motion was abnormal with tenderness on palpation over the lumbar facet joints. The diagnoses included lumbar spondylosis without myelopathy, degenerative lumbar disc and lumbar radiculopathy. Documentation indicates that the injured worker had a bilateral lumbar 2, 3, 4 and 5 medial branch block #2 on 6/6/14. Documentation from 6/16/14 indicates that pain was relieved by greater than 50% but does not clearly state if this was from the medial branch block done on 6/6/14. Physical therapy note (9/12/14) indicates improvement in low back pain and increased tolerance to walking and standing. He has significant gains in stability, endurance and strength. On 12/16/14 bilateral lumbar 2,3,4,5 neurolysis was requested. Per the doctor's note dated 12/16/14 patient had complaints of low back pain and muscle spasm at 5-10/10 that was improved with pain medication and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 bilateral lumbar 2, 3, 4, 5 Neurolysis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Criteria for use of Facet joint radiofrequency neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back (updated 01/30/15) Facet joint chemical rhizotomy Facet joint radiofrequency neurotomy

**Decision rationale:** Request: bilateral lumbar 2, 3, 4, 5 Neurolysis. CA MTUS and ACOEM Guidelines do not address this request. Therefore ODG used. As per cited guideline for facet joint radiofrequency neurotomy Under study. Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). 2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Documentation indicates that the injured worker had a bilateral lumbar 2, 3, 4 and 5 medial branch block #2 on 6/6/14. Any evidence of relief in pain from the first procedure for 12 weeks at 50% relief was not specified in the records provided. As per cited guideline there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy which was not specified in the records provided. Patient has received an unspecified number of the PT visits conservative treatment this injury till date. Physical therapy note (9/12/14) indicates improvement in low back pain and increased tolerance to walking and standing. He has significant gains in stability, endurance and strength. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. In addition the pain was improved with pain medication and physical therapy. The 1 bilateral lumbar 2, 3, 4, 5 Neurolysis is not medically necessary.