

<b>Case Number:</b>	CM15-0016834		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 64 year old male, who sustained an industrial injury, July 17, 2002. According to progress note of January 8, 2015, the injured workers chief complaint was low lumbar facet pain. The injured worker weaned off the methadone. The pain was affecting functionality, sleep and person relationships. The injured worker was diagnosed with facet pain lumbar, chronic pain, sleep disturbance, irritability left S1 nerve root, C5-C6 discopathy, left piriformis syndrome, hypogonadism secondary to long term use of opioids and chronic back pain. The injured worker previously received the following treatments laboratory studies, L4-L5 IDET procedure, status post ulnar decompression of the right elbow, status post shoulder surgery arthroscopic for spurs, hydrocodone, methadone, Dolophine and medical branch blocks followed by rhizotomies in the past. On January 8, 2015, the primary treating physician requested for a repeat medial branch blocks followed by rhizotomies between January 8, 2015 and March 16, 2015. On January 16, 2015, the UR denied authorization for a repeat medical branch blocks followed by rhizotomies between January 8, 2015 and March 16, 2015. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 repeat lumbar medial branch blocks followed by rhizotomies: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections)

**Decision rationale:** The claimant is more than 20 years status post work-related injury and continues to be treated for symptoms including chronic low back pain. Prior treatments have included lumbar facet rhizotomy in August 2013. When seen by the requesting provider, these had worn off and he was having low back pain rated at 3-8/10. In terms of diagnostic facet joint blocks, guidelines recommend no more than one set of blocks prior to facet rhizotomy. Repeat rhizotomy treatment would be based on the response to the previous treatment and would not require another set of diagnostic blocks. Therefore, although the facet rhizotomy is medically necessary, the repeat medial branch block procedure is not and, therefore, the request for both procedures is not medically necessary.