

<b>Case Number:</b>	CM15-0115897		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/17/2001
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: 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 68 year old female who sustained an industrial injury on 5/17/01. The mechanism of injury was not documented. Past surgical history was positive for L5/S1 anterior lumbar interbody fusion on 11/29/10. The 2/25/15 treating physician report cited worsening low back pain radiating into the left anterior thigh. Pain was reported to be constant and severe in the mid/low back with frequent moderate numbness and tingling in the left thigh. Physical exam documented no interval changes in back exam. Patellar reflexes were +2 and symmetrical, and Achilles reflexes were +1 and symmetrical. There was 5-/5 left iliopsoas weakness. The treatment plan requested authorization for left L3/4 epidural steroid injection. There was evidence of instability at the L3/4 level with nerve impingement on the left due to a disc extrusion. The 5/18/15 pain management report indicated that the injured worker had undergone a lumbar epidural steroid injection on 4/13/15 with 60% relief. She complained of low back pain radiating into the left lower extremity to the knee with left thigh burning pain, and muscle spasms. Physical exam documented decreased left L4 sensation, 4/5 left quadriceps and hamstrings strength, decreased right patellar reflex, and absent left patellar and bilateral Achilles reflexes. There was pain to palpation over the left sacroiliac joint and piriformis, the lumbar facet, and L3/4 and L4/5 disc spaces. There was limited lumbar extension with severe pain with bilateral facet loading, and tenderness to palpation over the bilateral facets at L3/4, L4/5, and L5/S1. There was pain reported with bilateral lumbar rotation. The diagnosis included lumbar radiculopathy, rheumatoid arthritis, lumbar degenerative disc disease, and lumbar facet arthropathy. The 5/20/15 treating physician report indicated that the injured worker had

worsening mid and low back pain with some on-going left thigh pain with frequent minimal left thigh numbness and tingling. There were no changes in the low back exam. The injured worker had minimal benefit from the lumbar epidural steroid injection performed in April 2015. Authorization was requested for rhizotomy at L3/4 with a pain management specialist. The 6/8/15 utilization review non-certified the request for rhizotomy at L3/4 with a pain management specialist as there was no evidence that a diagnosis of facet joint pain had been established using lumbar medial branch blocks or that there was a plan for post-procedure conservative care.

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

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

#### **Rhizotomy at L3-4 with a pain management specialist: 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, Low Back, Lumbar and Thoracic (Acute and Chronic), Facet Joint Radiofrequency Neurotomy.

**MAXIMUS 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) Low Back Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

**Decision rationale:** The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This injured worker presents with persistent low back pain radiating into the left lower extremity. Clinical exam findings are consistent with lumbar radiculopathy and reported facet arthropathy. There is reported imaging evidence of L3/4 instability and nerve root impingement on the left due to disc extrusion. There is no evidence that she has undergone diagnostic medial branch blocks. Guidelines do not support the use of facet blocks for patients with radicular low back pain. Therefore, this request is not medically necessary.