

<b>Case Number:</b>	CM15-0070813		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	04/06/2000
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: 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 is a 64-year-old male patient, who sustained an industrial injury on April 6, 2000. The diagnoses include post-lumbar laminectomy syndrome, unilateral inguinal hernia, chronic pain syndrome, facet joint disease and lumbar radiculitis. Per the doctor's note dated 3/27/15, he had complains of continued chronic low back pain with decreased sensation to the right calf and shin with weakness and numbness up into the knee. The physical examination revealed lumbar spasm, positive facet loading and reduced lumbar range of motion. The medications list includes norco, neurontin, ambien and flexeril. He has undergone lumbar surgeries in 2001 and 2002. He has had lumbar MRI dated 11/7/2014, which revealed multilevel facet hypertrophy. He has had lumbar facet injection on 1/23/15 and sacroiliac epidural injection on 1/7/2013. He has had aqua therapy, physical therapy, chiropractic care and cognitive behavior therapy for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral facet Rhizotomy L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine, Facet Joint Diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 04/29/15) Facet joint radiofrequency neurotomy Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** Bilateral facet Rhizotomy L5-S1. Per the cited guidelines, Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Per the ODG guidelines facet joint radiofrequency nerve ablation is Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. There is no high grade scientific evidence for radiofrequency nerve ablation for this diagnosis. Evidence of failure of other conservative therapy is not specified in the records provided. He has had lumbar facet injection on 1/23/15. Per the cited guidelines, regarding facet joint injections. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). There is no evidence in the records provided that the patient has had at least 50 % pain relief for a duration of at least 6 weeks with the previous facet joint injections. The medical necessity of Bilateral facet Rhizotomy L5-S1 is not fully established for this patient.