

<b>Case Number:</b>	CM15-0077225		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 65-year-old male who sustained an industrial injury on 8/07/00. The mechanism of injury was not documented. The 10/27/14 treating physician report cited pain across his back and pain radiating down the posterolateral aspect of the left leg. Physical exam documented tenderness over the lumbosacral region, and pain increased with extension/rotation of the lumbosacral spine. Neurologic exam documented give way weakness over the left lower extremity, intact bilateral lower extremity sensation, and positive straight leg raise on the left. The treating physician report opined that the injured worker had two separate problems, one lumbar facet arthropathy which had been treated with rhizotomy very effectively in the past. The other radiating leg pain with reported EMG evidence of nerve pinching at L5 or S1. The treatment plan included repeat rhizotomy, and perhaps lumbar epidural steroid injection. The 4/16/15 utilization review non-certified the request for lumbar rhizotomy as there was no evidence of any active care plan to be provided along with the procedure. The 4/24/15 treating physician report appeal letter stated that the injured worker had been diagnosed with lumbar facet disease as noted on MRI, and had undergone a diagnostic lumbar medial branch block. He went prior lumbar rhizotomy with excellent results (75-80 % pain reduction) and was not taking any pain medications for 6 months or more. Then the pain returned after about one year. A repeat lumbar rhizotomy was requested based on significant response to the prior procedure. He confirmed that prior rhizotomy was at L4, L5, and S1 bilaterally, and that this was a repeat request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 lumbar rhizotomy:** 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 (ODG), Lumbar & Thoracic (Acute & Chronic), Criteria for use of 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 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. Criteria state that 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). 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. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. Guideline criteria have not been met. The patient has pain across the low back that is increased with extension and rotation. There was reported imaging evidence of facet arthropathy. Records indicated that the patient achieved 75-80% reduction in pain with prior bilateral L4, L5, and S1 rhizotomy with benefit for up to one year, including no need for pain medication for over 6 months. There is no clear documentation of an associated formal plan of conservative care in addition to the facet joint therapy. Additionally, the levels for this request are not specified. Therefore, this request is not medically necessary.