

<b>Case Number:</b>	CM15-0094833		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Maryland

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

### 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 56 year old male who sustained an industrial injury on 07/27/07. Initial complaints and diagnoses are not available. Treatments to date include a lumbar fusion at L4-5 on July of 2014, medial branch blocks/facet injections and medications. Diagnostic studies include a MRI of the lumbar spine. Current complaints include low back pain. Current diagnoses include L3-5 stenosis, lumbar disc herniation, lumbar radiculopathy, and low back pain. In a progress note dated 04/27/15 the treating provider reports the plan of care as a bilateral facet rhizotomy at L4-S1, as well as medications including Celexa, Dilaudid, Neurontin, and Medrol dose pack. The requested treatments include a bilateral facet rhizotomy at L4-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rhizotomy bilateral L4-L5 Qty: 1.00: 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), Low back, Lumbar & Thoracic (Acute & Chronic) - Facet joint diagnostic blocks (injections).

**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 (Acute & Chronic)- Facet joint diagnostic blocks (injections).

**Decision rationale:** Rhizotomy bilateral L4-L5 Qty: 1.00 is not medically necessary per the MTUS Chronic Pain and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The documentation indicates that the patient has had a prior fusion at L4-5 therefore the request for a bilateral L4-5 rhizotomy is not medically necessary.

**Rhizotomy bilateral L5-S1 Qty: 1.00: 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), Low back, Lumbar & Thoracic (Acute & Chronic) - Facet joint diagnostic blocks (injections).

**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 (Acute & Chronic)- Facet joint diagnostic blocks (injections).

**Decision rationale:** Rhizotomy bilateral L5-S1 Qty: 1.00 is not medically necessary per the MTUS Chronic Pain and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The documentation indicates that the patient has had a prior fusion at L4-5 therefore the request for a bilateral L5-S1 rhizotomy at this level is not medically necessary due to the fact that the L5 level was involved in a prior fusion.