

<b>Case Number:</b>	CM15-0095335		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: North Carolina  
 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 06/16/2003. He has reported injury to the low back. The diagnoses have included low back pain; lumbar radiculopathy; degeneration of lumbar intervertebral disc; lumbar disc displacement; status post artificial disc replacement at L4-L5, anterior lumbar interbody fusion at L5-S1, possible pseudoarthrosis L5-S1; and postlaminectomy syndrome of lumbar region. Treatment to date has included medications, diagnostics, injections, nerve blocks, pool therapy, physical therapy, and surgical intervention. Medications have included Percocet, Soma, Fentanyl patch, Flexeril, and Ambien. A progress note from the treating physician, dated 04/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of little or no improvement of pain/symptoms of low back after undergoing the left-sided L5-S1 transforaminal injection; and has had moderate improvement with the facet block at the L4-L5 level. Objective findings included focal midline tenderness at L4 through S1 as well as the bilateral superior iliac crest; minimal tenderness at the sacroiliac joint; limp is antalgic on the left side; unable to walk on toes and heels on the left side; and lumbar range of motion is decreased. The treatment plan has included the request for L4-L5 facet rhizotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 Facet Rhizotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-308.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. The patient has had little to moderate improvement with previous ESI and facet blocks. Therefore, the request is not certified.