MAXIMUS Federal Services

Case Number:	CM13-0012510		
Date Assigned:	09/24/2013	Date of Injury:	03/26/2012
Decision Date:	01/31/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology; Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male who reported an injury on 03/26/2012. The mechanism of injury was stated to be that the patient was lifting a 150 pound tarp onto a flatbed. The patient's physical examination revealed that the patient's sensory portion of the examination was grossly intact. The patient was noted to have diffuse tenderness over the lumbar paraspinal musculature. There was noted to be moderate facet tenderness over the L3-S1 levels. The patient's reflexes were noted to be 2+ and normal. The patient was noted to have referred back pain with seated and supine straight leg raise at 60 and 5 degrees. The patient's muscle testing was noted to be normal at 5/5. The diagnoses were noted to include lumbar disc disease and lumbar facet syndrome. The request was made for a right L3-S1 medial branch facet joint rhizotomy and neurolysis. It was noted that the patient had more than 80% relief from activities that normally caused pain for the duration of the local anesthetic from the right L3-S1 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-S1 medial branch facet joint rhizotomy and neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Low Back Chapter, Facet Online Version

Decision rationale: ACOEM Guidelines indicate that a radiofrequency ablation for the treatment of selected patients with low back pain is recommended, and the indications include that they should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ACOEM Guidelines, however, do not address the criteria for the use of a facet joint radiofrequency neurotomy. A secondary source, Official Disability Guidelines, indicates that a patient should have facet joint pathology which includes the following signs: tenderness to palpation in the paravertebral area, a normal sensory exam, absence of radicular findings and a normal straight leg exam. Additionally, they indicate that no more than 2 joint levels are to be performed at 1 time. The patient had a normal sensory examination and tenderness to palpation in the paravertebral area. However, the clinical documentation submitted for review indicated that the patient had a positive straight leg raise and per the documentation, it was noted that the patient had referred back pain with the seated, which would not support the indications for facet mediated pain. Additionally, the clinical documentation indicated that the physician wanted to perform the injection at 3 levels, which is not supported by the Official Disability Guidelines. Given the above and the lack of exceptional factors to warrant no adherence to guideline recommendations, the request for 1 right L3-S1 medial branch facet joint rhizotomy and neurolysis is not medically necessary.