

Case Number:	CM13-0016797		
Date Assigned:	03/26/2014	Date of Injury:	04/05/2012
Decision Date:	04/30/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of April 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a cane; transfer of care to and from various providers in various specialties; reported earlier diagnostic medial branch blocks; and extensive periods of time off of work. In a utilization review report of August 9, 2013, the claims administrator denied a request for an L4-S1 medial branch block facet rhizotomy and neurolysis. The applicant's attorney subsequently appealed. An October 7, 2013, progress note is sparse, handwritten, difficult to follow, and not entirely legible. The applicant is on Norco and Fexmid for pain relief. It is stated that the applicant is now willing to pursue surgical recommendation made by another physician. The applicant exhibits a guarded gait. Lumbar paraspinal tenderness is noted. The applicant is given diagnoses of lumbar radiculitis and neck pain with chronic disc bulges. The applicant is asked to pursue the facet rhizotomy and continue medications in the interim while remaining off of work, on total temporary disability. A TENS unit is also endorsed. Multiple handwritten progress notes, including those dated September 5, 2013, and July 19, 2013, are notable for comments that the applicant is off of work, on total temporary disability. The July 19, 2013, note is notable for comments that the applicant reports 4/10 pain following an earlier medial branch block procedure. The applicant does have diminished sensorium about the right L4 dermatome with multifocal facetogenic tenderness. The applicant is using a cane to move about. Facet rhizotomy procedure is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 MEDIAL BRANCH FACET RHIZOTOMY AND NEUROLYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, facet neurotomies/rhizotomies should be performed only after appropriate investigations involving controlled differential dorsal ramus medial branch block, diagnostic blocks. The overall ACOEM recommendation on facet joint injections, however, in Chapter 12, Table 12-8, page 309 is "not recommended." In this case, it is further noted that the applicant has had a prior medial branch block and did not appear to effect any lasting benefit or functional improvement through prior usage of the same. While the applicant reported subjective diminution of pain, the applicant remained off of work, on total temporary disability. The applicant was still described as using a cane. Finally, there appears to be some lack of diagnostic clarity as the applicant also has concomitant radicular complaints with hyposensorium noted about the legs. Accordingly, the request is not certified owing to the lack of diagnostic clarity and lack of any functional improvement effected with the prior medial branch block