

Case Number:	CM13-0018384		
Date Assigned:	10/11/2013	Date of Injury:	02/15/2006
Decision Date:	01/15/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/29/2013

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 Orthopedic Surgery 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 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:

This is a 56-year-old female who injured her low back in a work-related accident on 2/15/06. The records for review include an appeal letter dated 8/9/13 from [REDACTED] citing a current diagnosis of lumbar facet syndrome. He appealed the fact that facet rhizotomy was denied due to lack of documented improvement. He stated that the claimant previously had a procedure performed in December 2012 for which there was six months of quality sustained relief. He did not document any new reported findings from a physical examination perspective but stated that utilization review decision to deny the request in July 2013 stated that improvement was not documented. He reiterated the fact that the claimant did see six months of quality response from the prior procedure. The last clinical record for review with a physical examination is dated 3/8/13 showing a normal gait pattern with pain about the lumbar spine with flexion and extension and tenderness over the lumbar facet joints to palpation. There is a described diagnosis at that time of chronic pain syndrome with lumbar spondylosis and facet syndrome. A facet rhizotomy was recommended to be repeated at that time as well as continuation of medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy with 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), Low Back Section, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, Facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS states, "Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain". Official Disability Guidelines specifically addresses repeat procedures and states, "A 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)." While the treating physician's appeal letter states that the claimant had previous procedure performed in December with six months of quality relief, this would be contradicted by the March 2013 assessment three months following rhizotomy that indicated significant pain with positive physical examination findings. The claimant's progress report three months following the procedure clearly indicates that improvement of six months did not occur. The specific request for repeat procedure at two unknown requested levels would not be medically necessary at present.