

Case Number:	CM13-0023999		
Date Assigned:	12/11/2013	Date of Injury:	01/17/2011
Decision Date:	02/04/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/13/2013

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:

The patient is a 55-year-old female who reported an injury on 01/17/2011. The patient is currently diagnosed as status post micro lumbar decompression on the left at L4-5 on 01/24/2012, lumbar radiculopathy, severe facet arthropathy of the lumbar spine, left hip arthralgia and bilateral knee contusions. The patient was recently seen by [REDACTED] on 10/16/2013. The patient reported 3/10 lower back pain with radiation and numbness to the left lower extremity. The patient underwent a medial branch block on the left at L4-5 and L5-S1 on 05/24/2013. Physical examination revealed tenderness to palpation of the bilateral paraspinal region of the lumbar spine; limited range of motion; diminished sensation to light touch and pinprick on the left at L3, L4, L5 and S1 dermatomes; 5/5 motor strength; decreased bilateral patellar and Achilles reflexes; and negative straight leg raise. Treatment recommendations included a Functional Capacity Evaluation, continuation of chiropractic therapy and physiotherapy and a request for authorization for a lumbar rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Lumbar Rhizotomy (left L4-5 & L5-S1): Overturned

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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that 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 spine. Lumbar facet neurotomies reportedly produced mixed results. Facet neurotomies should be performed only after appropriate investigation involved controlled differential dorsal ramus medial branch diagnostic blocks. As per the clinical notes submitted, the patient underwent left L4-5 and L5-S1 medial branch blocks on 05/24/2013. The patient's objective functional response to the medial branch blocks was not adequately assessed in terms of quantity and duration of pain relief, increase in functional capacity and decrease in medication consumption. The patient was also noted to have neurologic deficits on physical examination, to include diminished reflexes at the bilateral patellae and Achilles and diminished sensation to light touch and pinprick in the left L3, L4, L5 and S1 dermatomes. Based on the clinical information received, the request is non-certified.

H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave therapy..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

Decision rationale: The California MTUS Guidelines state that H-wave therapy is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following the failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. As per the clinical notes submitted, there is no evidence of a failure to respond to previous conservative treatment, including TENS therapy. There was also no evidence of a treatment plan with specific short and long-term goals of treatment with the H-wave unit. Based on the clinical information received, the request is non-certified.