

Case Number:	CM13-0027381		
Date Assigned:	11/22/2013	Date of Injury:	09/11/2010
Decision Date:	10/17/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/20/2013

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:

There were 170 pages provided for this review. There was a non-certification dated September 4, 2013. The requested treatment was bilateral L5-S1 facet rhizotomy [REDACTED] report June 20, 2013. The bilateral L5-S1 facet rhizotomy was not medically necessary. Per the records provided, the diagnoses were lumbosacral musculoligamentous strain, lumbosacral degenerative disc disease, radiculopathy, lumbosacral facet syndrome, and a right knee and left ankle sprain. The claimant is a 47-year-old who was injured September 11, 2010. She fell while cleaning around a Jacuzzi and felt immediate pain in the left ankle. An MRI done in November 2010 of the lumbar spine documented a loss of intravertebral disc height and disc desiccation changes seen at L5-S1 level with straightening and abnormal lumbar spine lordosis. At L5-S1, there was right more than left annular concentric and broad-based 23.8 mm disc bulge. It flattened and impressed upon the anterior portion of the thecal sac with mild right and no significant left neural foraminal stenosis. There was no extrusion or sequestration of disc material. As of June 20, 2013, the patient had increased pain in the back, shoulders, wrists, arms, legs, feet and ankles. The pain was eight to 10 out of 10. The current medicine helped somewhat with the pain. The patient denied having any diagnostic studies since last seen. There was incontinence, constipation and difficulty sleeping. There was an antalgic gait. Clinical assessment included lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right knee internal derangement and left ankle sprain strain. Extension was noted at 20 with pain. There was diminished sensation in the bilateral L5 dermatome. The patient had bilateral lumbar epidurals and L5 S1 facet injections on March 23, 2013 and did experience significant relief of pain symptoms, including pain relief from radicular symptoms in both lower extremities. The low back pain however gradually returned following the facet injections. The

patient had 60 to 70% pain relief with the facet injection and was not a candidate for surgery. The request now was for the L5-S1 facet rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Facet Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back section, under Rhizotom.

Decision rationale: The MTUS were silent, therefore, the ODG were used for facet rhizotomy/ablation. Regarding facet joint radiofrequency ablation, the guides note they are under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. In this case, facet joint blocks and procedures like rhizotomy are not recommended by ODG when radiculopathy is present. There is no objective documentation of improvement such as medication reduction or functional improvement after the first procedure in March. There is no formal plan for additional conservative care presented. The request was appropriately not medically necessary.