

Case Number:	CM13-0028590		
Date Assigned:	12/18/2013	Date of Injury:	12/09/2011
Decision Date:	02/05/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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 Medicine and is licensed to practice in New Hampshire, New York, and Washington. 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.

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 46-year-old who reported an industrial injury on December 9, 2011 from lifting heavy concrete at a job site. The patient has chronic low back pain. Treatment to date has included medications, physical therapy, and bilateral L5-S1 facet injections that were performed on July 8, 2013. The patient noted lateral back pain and mid back pain rated 4/10. Facet injection on July 8, 2013 reportedly provided greater than 80% relief of pain for approximately the first 2-3 days following the procedure and then gradual return of pain to baseline. The facet injections were L5-S1 on 7/8/13. The records also contain an account of L3-5 facet injections in Feb 2013. Those injections were stated to have caused more back pain, per follow-up notes. Physical examination revealed a wide-based gait and tenderness to palpation over the lumbar paraspinal muscles. Faber, Patrick and sacroiliac stress test were positive indicating pain emanating from the sacroiliac region. Lumbar range of motion was limited secondary to pain. Muscle testing was normal in the bilateral lower extremities. At issue is whether bilateral L3-L4 facet rhizotomy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4 and L4-5 Facet Rhizotomy: Upheld

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

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

Decision rationale: Facet rhizotomy therapy is not medically necessary in this patient. The patient does not be established criteria for repeat injections of the facet joints. Specifically, the patient's previous facet injections did not provide lasting pain relief. The previous injections only provided a short period of pain reduction. Current medical literature does not support proceeding to medial branch rhizotomy in view of the short duration of pain reduction with the previous facet injection therapy. ODG guidelines specifically state that criteria for the use of therapeutic intra-articular medial branch blocks must include successful pain relief at least 50% for duration of 8 weeks with a previous facet injection. In this case, proceeding to medial branch block and rhizotomy is not appropriate at this time. There was not adequate relief from the injection and therefore, medial branch block is not medically necessary.