

Case Number:	CM13-0031689		
Date Assigned:	12/11/2013	Date of Injury:	11/30/1995
Decision Date:	01/23/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/04/2013

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 Internal Medicine has a subspecialty in Cardiology and is licensed to practice in Texas. 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 patient is a 60-year-old female who reported an injury on 11/30/1995. The notes indicate the patient is currently diagnosed with chronic lumbar backache and bilateral lower extremities radiculopathic pain with recurrent myofascial sprain predominant in mechanical axial lumbar backache. The notes indicate the patient has prior history of a right-sided lumbar facet radiofrequency rhizotomy from L2-S1 levels with the patient achieving substantial symptomatic improvement. The notes indicate also the patient has prior history on 07/25/2012 of left-sided L2-S1 medial branch diagnostic blocks from which the patient achieved 70% pain relief with improvement in functionality. The clinical notes from 08/21/2013 indicate in the treatment plan the patient was recommended for bilateral lumbar rhizotomy at L2-S1 under fluoroscopy, as well as to receive a lumbar support brace. The notes detail the rationale of continued significant pain to the lower back and the patient had undergone a rhizotomy approximately 9 months earlier. The notes detail also the patient had a spinal cord stimulator in place. The procedures notes from 01/09/2013 indicate the patient underwent left lumbar rhizotomy at L2, L3, L4, L5, and S1 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Lumbar-Sacral Orthosis Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS: 2010 Revision, Web Edition.

The Official Disability Guidelines: Chapter Low Back, Web Edition. American College of Occupational and Environmental Medicine (ACOEM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. While the documentation submitted for review indicates the patient has complaints of lumbar spine pain that is currently managed with medications and a spinal cord stimulator, as well as prior lumbar facet rhizotomy, the request for a lumbar brace is not supported by the guidelines as having any lasting benefit beyond the acute phase of symptom relief. Given the above, the request for purchase of lumbar-sacral orthosis brace is not medically necessary and appropriate.

Purchase of bilateral lumbar rhizotomy L2-S1 under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS: 2010 Revision, Web Edition. The Official Disability Guidelines: Chapter Low Back, Web Edition. American College of Occupational and Environmental Medicine (ACOEM).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: CA MTUS/ACOEM 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 region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The documentation submitted for review indicates the patient has history of prior lumbar medial branch blocks on the left from L2 to S1 on 07/25/2012 with the patient achieving 70% pain relief. The notes indicate the patient underwent a subsequent lumbar radiofrequency rhizotomy on 01/09/2013. However, follow-up clinical notes failed to detail the degree of quantified pain relief achieved from the radiofrequency ablation or to indicate the length of time for which the patient had sustained relief. Furthermore, the current request for bilateral lumbar rhizotomy from L2 to S1 under fluoroscopy is not supported for performance in more than 2 joint levels. Given the above, the request for purchase of bilateral lumbar rhizotomy at L2-S1 under fluoroscopy is not medically necessary and appropriate.