MAXIMUS Federal Services

Case Number:	CM13-0033398		
Date Assigned:	04/28/2014	Date of Injury:	09/11/2010
Decision Date:	10/29/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/09/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 48-year-old female with a reported injury on 09/11/2010. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right knee internal derangement, and left ankle sprain or strain. The injured worker's previous treatments included medications, physical therapy, a home exercise program, and a lumbar epidural steroid injection on 03/23/2013. The injured worker's diagnostic testing included a lumbar spine MRI on 11/18/2010, an upper GI small bowel series on 03/16/2011, a lumbar spine x-ray on 03/14/2012 which was normal, and a lumbar spine MRI on 08/09/2012 which showed a 1 cm hemangioma at L2 and L3, alignment and lumbar lordosis were maintained, no fracture, and no bone or soft tissue tumors. No pertinent surgical history was provided. The injured worker was evaluated on 03/28/2013 which was 5 days post L5-S1 lumbar epidural steroid injection. The injured worker rated her pain as 7/10 on that date. She noted that she was able to work and sit for prolonged periods of time. She stated that she had begun taking her medication regularly. The clinician reported that the injured worker continued to have low back pain radiating down the lower extremities in the L5 distribution that was improved. The injured worker continued to have significant pain relief from her epidural injection. The injured worker's low back pain was diminished since her injection treatment. The injured worker stated that she continued to use medication due to pain in her knees which was being followed by a different physician. The clinician prescribed Flexeril and Lidoderm patches. The injured worker was evaluated on 01/31/2013 where she rated her mid and low back pain and right knee pain as 7/10. On 02/28/2013, the injured worker rated her pain as 8/10. On 03/28/2013, the clinician indicated "significant" pain relief from her epidural steroid injection. The injured worker rated her pain as 7/10. On 04/25/2013, the injured worker was evaluated for increased pain in the

back, arms, legs, knees, and ankles which she rated at 9/10. The clinician reported that the patient had undergone 2 bilateral L5-S1 transforaminal epidural steroid injections along with bilateral L5-S1 facet injections. The injured worker stated that her radicular symptoms improved. However, she continued to have low back pain. The injured worker reported that following the bilateral L5-S1 facet injections she had approximately 1 month of relief of pain. The clinician indicated that the injured worker would benefit from the L5-S1 facet Rhizotomy. The injured worker was evaluated on 09/20/2014 where she rated the pain in her shoulder, low back, waist, coccyx, legs, knees, and left ankle at 8/10. The clinician's focused evaluation indicated positive supine straight leg raise at 60 degrees bilaterally. Lumbar spine range of motion was normal with the exception of extension at 20 degrees caused pain. Lower extremity muscle was testing was normal except for the left foot evertors and foot invertors. It should be noted that the injured worker had a separate ankle injury. The clinician's treatment plan was to wait for approval for an L5-S1 facet injection. The clinician noted in his treatment plan that the injured worker received greater than 80% relief from activities that normally cause pain for the duration of the local anesthetic from the bilateral L5-S1 injection and the injured worker has reduced her intake of oral pain medication. The injured worker was given a prescription for Celebrex 2 mg 1 by mouth daily. The documentation provided did not indicate current medications in the clinic notes, or any changes in those medications in the clinic notes. The injured worker's medications included Prilosec, Ranitidine, Gaviscon, Citrucel, probiotics, and Carafate. The request was for bilateral L5-S1 facet Rhizotomy. The rationale for this request was that the clinician indicated that the injured worker had facet pain on physical examination and facet arthropathy on MRI. The Request for Authorization form was not provided.

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): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Facet joint diagnostic blocks (injections).

Decision rationale: The request for bilateral L5-S1 facet Rhizotomy is not medically necessary. The injured worker continued to complain of low back pain. The California MTUS/ACOEM Guidelines state that facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. 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 neurotomy reportedly produced mixed results. The injured worker had a lumbar epidural steroid injection at L5-S1 on 03/23/2013. On 03/28/2013, the injured worker continued to rate her pain as 7/10 which was only improved from 8/10 on 02/28/2013. The lumbar spine range of motion was unchanged after the steroid injection. Extension was 20 degrees with pain, the same as it was on 02/28/2013.

The note on 03/28/2013 indicated the patient continued to have low back pain radiating down to the lower extremities in the L5 distribution but improved. There was no quantified amount of improvement documented on this note. The injured worker also reported continued use of pain medication due to pain in her knees. The Official Disability Guidelines state that a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than 50% relief. A diagnostic medial branch block is required with a response of greater than 70%. The pain response should last 2 hours for Lidocaine and should only be performed on patients with low back pain that is nonradicular. The use of IV sedation may be grounds to negate the results with diagnostic block and should only be given in cases of extreme anxiety. There is no documentation provided that the injured worker had diagnostic medial branch block without anesthesia with greater than 70% resolution of pain. Therefore, the request for bilateral L5-S1 facet Rhizotomy is not medically necessary.