

Case Number:	CM13-0035302		
Date Assigned:	12/13/2013	Date of Injury:	02/08/2011
Decision Date:	10/22/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Spine Surgeon 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 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 62-year-old male who reported injury on 10/31/2013. The mechanism of injury was not provided. The surgical history was not provided. Prior therapies included a ball for stretching, a TENS unit, a consultation for a facet medial branch block and radiofrequency rhizotomy on 09/18/2013, access to a pool for independent exercise program, a medial branch nerve block at L4-5 and L5-S1, and the request for a radiofrequency rhizotomy that was denied on 10/31/2013. The documentation of 03/05/2014 revealed the injured worker had chronic intractable pain, lumbar degenerative changes with mild canal stenosis at L4-5, and neural foraminal narrowing at L2-3 through L4-5, severe on the right with bilateral radiculopathy and muscle spasm. The injured worker had facet generated pain with a loss of full upright position. The medications included Lyrica 100 mg, Norco 10 mg, Nucynta 150 mg, Cymbalta 60 mg, Colace 250 mg, metaxalone 500 mg, Flector patches 1.3%, Pennsaid solution 2%, MiraLAX 17 grams, and terazosin 2 mg, as well as orphenadrine 100 mg. The physical examination revealed a mild loss of balance when balancing on 1 leg. The injured worker had tenderness in the L5 facet region. The injured worker had moderate right paravertebral spasms measuring 7 cm in width compared with minimal spasm measuring 4 cm on the left. The plan included continuing medications. There was no Request for Authorization submitted for review. There was no physician documentation requesting a rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSSIBLE RHIZOTOMY: Upheld

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

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 Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that radiofrequency neurotomy (rhizotomy) for the treatment of select patients with low back pain is recommended as 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. As there was a lack of criteria for the use of neurotomies, secondary guidelines were sought. The Official Disability Guidelines recommend, for repeat neurotomies, that the patient had documentation of a duration of relief from the first procedure for at least 12 weeks at greater than or equal to 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months' duration). No more than 3 procedures should be performed in a year's period. Additionally, the approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. Also, there should be a formal plan of additional evidence based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker previously underwent an injection. However, there was a lack of documentation indicating the injured worker had relief from the first procedure for at least 12 weeks at greater than 50% relief. There was a lack of documentation indicating there was a formal plan of additional evidence based conservative care in addition to the facet joint therapy. There was a lack of documentation of improvement in function. There was no physician documentation requesting the intervention. Additionally, the request as submitted failed to indicate the level and laterality for the rhizotomy. Given the above, the request for possible rhizotomy is not medically necessary.