

Case Number:	CM13-0047664		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2011
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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 Spine Surgery, and is licensed to practice in New York. 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:

The patient has a date of injury of September 30, 2011. The patient has chronic low back pain. Diagnoses include L3-4 retrolisthesis and L4-5 spondylolisthesis. The patient also has retrolisthesis at L5-S1 and facet arthropathy. The patient's pain is increased with standing and walking. The patient had a lumbar medial branch block on March 15, 2013. The pain was relieved significantly for 3 hours, but the amount of pain relief is not clearly documented. The patient continues home exercise. She has had chiropractic and acupuncture treatments, with some relief. Physical examination reveals tenderness to the right lower lumbar facets. Lumbar motion is painful and limited. There was mild weakness of the left quadriceps. At issue is whether 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:

Lumbar rhizotomy on the right L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS/ACOEM Guidelines indicate 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. However, similar literature does not exist regarding the same procedure in the lumbar region." The Official Disability Guidelines indicate that "facet joint diagnostic blocks (injections) are recommended no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study")." This patient does not reestablish criteria for facet rhizotomy at this time. The patient had previous medial branch block but the exact amount of improvement is not document. Guidelines indicate that the patient must have greater than 70% improvement of pain. Since the medical record do not document the fact that the patient achieved greater than 70% improvement of pain with the previous injection, guidelines for facet rhizotomy are not met.