

Case Number:	CM13-0052224		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2001
Decision Date:	03/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. 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:

A comprehensive pain management consultation report dated 04/12/13 indicates that the claimant complains of pain in the lumbar spine rated 6/10 and described as sharp and stabbing, radiating down to both legs equally with associated tingling sensation into the feet. The claimant is currently taking Tylenol #4 and also using creams. The claimant has wide-based gait and performed heel-toe walk with difficulty secondary to low back pain. Examination of the lumbar spine reveals mild diffused tenderness over the lumbar paraspinal muscles. There is moderate to severe facet tenderness along the L4 through S1 level. Supine straight leg raise is 60 degrees bilaterally. Lumbar spine range of motion in lateral bending is 20 degrees bilaterally, flexion 60 degrees, and extension 10 degrees. The claimant has facet pain and facet arthropathy. The claimant has radicular symptoms and neuroforaminal stenosis. The claimant has failed conservative treatment including physical therapy, chiropractic-treatment and oral medication, rest and home exercise program. The provider recommends bilateral L4-L5 and L5-S1 facet injections and hot/cold unit. An operative report dated 8/23/13 indicates that the claimant underwent fluoroscopic guided cannulation of bilateral L4-L5 and L5-S1 epidural interspace via transforaminal approach for infusion of local anesthetic and steroid with interpretation of myelogram contrast dye lumbar epidurography with bilateral L4 and L5 neurography and non-dural puncture. Interventional pain management follow-up evaluation report dated 09/24/13 indicates that the claimant complains of low back pain radiating to the bilateral legs down to the feet with weakness and numbness and tingling sensation. On 08/23/13, the claimant underwent bilateral L4-L5 and L5-S1 facet injection which provided more than 80 percent relief of pain for approximately two to three weeks. The low back pain has decreased from 9/10 to 4/10. The claimant's pain has now returned to baseline. Examination of the lumbar spine reveals mild diffused tenderness over the lumbar paraspinal muscle. There is moderate to severe facet

tenderness along the L4 through S1 levels. Supine straight leg raise is 60 degrees bilaterally. Lumbar spine range of motion in lateral bending is 20 degrees bilaterally, flexion 60 degrees, and extension 10 degrees. The claimant was authorized for bilateral C5-C6 transfacet epidural steroid injection. The provider recommends bilateral L4 and L5 facet through S1 facet joint rhizotomy/neurolysis, a hot/cold unit following the rhizotomy, and continued use of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 through S1 facet joint rhizotomy/neurolysis: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This claimant has ongoing clinical presentation consistent with facet arthropathy at L4-5 and L5-S1. The ACOEM Guidelines stipulate, "Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic block." Also the Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy. As per a 09/24/13 report the provider noted that the claimant underwent a successful bilateral epidural injection at L4-L5 and L5-S1 on 08/23/13; however, the submitted operative report confirmed that the performed procedure was an epidural steroid injection and not a facet injection/medial branch block. Since there was no supporting evidence that a diagnostic block was done at the requested levels, the medical necessity of bilateral L4 through S1 facet joint rhizotomy/neurolysis is not supported by clinical documentation provided for review. The request is not medically necessary and appropriate.