

Case Number:	CM13-0061730		
Date Assigned:	12/30/2013	Date of Injury:	12/23/2009
Decision Date:	06/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 Surgery, has a subspecialty in Spine Fellowship 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 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain with an industrial injury date of December 23, 2009. Treatment to date has included medications, physical therapy, aquatic therapy, chiropractic treatment, lumbar stabilization home exercises, acupuncture, and lumbar facet medial branch block, right, L4-L5 and L5-S1, which provided approximately 50% relief for five to six hours. Utilization review from November 21, 2013 denied the request for Rhizotomy on the right L4-L5 and Rhizotomy on the right L5-S1 because there was no documentation of a formal plan of additional evidence-based conservative care as per guidelines. Medical records from 2013 were reviewed, which showed that the patient complained of low back pain, 7/10. She denied any lower extremity numbness, tingling, or pain. On physical examination, the range of motion of the lumbar spine was decreased in all planes. There was positive facet challenge, right greater than left, bilateral L4-L5 and L5-S1. Sensation and motor function was intact in both lower extremities. There was positive Faber's bilaterally. She also tested positive for Gaenslen's and compression but negative for distraction test bilaterally. There was tenderness to palpation in the lumbar facet region, right greater than left, at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

RHIZOTOMY ON THE RIGHT L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 300-301.

Decision rationale: According to pages 300-301 of the ACOEM Low Back Chapter, lumbar facet neurotomies reportedly produce mixed results and should only be performed after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, criteria for rhizotomies include a response of >70% and an evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, medial branch blocks were performed but only produced 50% pain relief. Moreover, there was no discussion regarding plans for additional conservative management. The criteria were not met, therefore, the request for rhizotomy on the right L4-L5 is not medically necessary.

RHIZOTOMY ON THE RIGHT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 300-301.

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