

Case Number:	CM13-0062899		
Date Assigned:	01/22/2014	Date of Injury:	07/01/2008
Decision Date:	05/15/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 49-year-old female who reported an injury on 07/01/2008. The mechanism of injury was not provided for review. The injured worker reportedly sustained a low back injury that ultimately resulted in a right L4-5 hemilaminectomy, facetectomy and microdiscectomy and decompression on 09/25/2012. The injured worker underwent an MRI of the lumbar spine that documented there was evidence of multilevel disc protrusions, evidence of surgical intervention to the L4-5, and mild facet degenerative changes at the L5-S1. The injured worker's treatment history included chiropractic care, physical therapy, epidural steroid injections, and facet blocks. The injured worker was evaluated on 11/04/2013. Physical findings included motor strength rated at a 5/5 of the bilateral lower extremities with a normal sensory exam and normal deep tendon reflexes. It was documented that the injured worker had tenderness to palpation to the right sacroiliac joint. The injured worker's treatment plan included continuation of medications, a right sacroiliac joint injection, L4-5 facet blocks, followed by a rhizotomy and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 LUMBAR FACET BLOCKS FOLLOWED BY 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: The requested L4-5 lumbar facet blocks followed by rhizotomy are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address medial branch blocks. The Official Disability Guidelines recommend facet blocks as a diagnostic treatment for patients who have well-documented facet mediated pain. Although the injured worker's Magnetic resonance imaging (MRI) does indicate that the injured worker has facet degenerative changes, the injured worker's physical examination does not support facet mediated pain. Additionally, the request includes a rhizotomy. The American College of Occupational and Environmental Medicine recommends radiofrequency ablations for patients who had a significant and appropriate response to a diagnostic facet block. As the injured worker has not undergone a diagnostic facet block, a rhizotomy would not be supported. As such, the requested L4-5 lumbar facet blocks followed by rhizotomy are not medically necessary or appropriate.