MAXIMUS Federal Services

Case Number:	CM13-0066922		
Date Assigned:	01/03/2014	Date of Injury:	09/27/2010
Decision Date:	05/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 & Rehabulitation 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 56-year-old male who reported an injury on 09/27/2010. The mechanism of injury was not provided. Current diagnosis is lumbar spinal stenosis. The injured worker was evaluated on 12/02/2013. The injured worker reported persistent lower back pain with activity limitation and numbness and tingling in bilateral lower extremities. The injured worker completed 2 sessions of physical therapy. Physical examination revealed 5/5 motor strength in all 4 extremities with no evidence of a sensory deficit. Treatment recommendations at that time included a lumbar corset, physical therapy, and L4-5 bilateral facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L5 FACET BLOCKS FOLLOWED BY RHIZOTOMY AT TEH SAME APPOINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the documentation submitted, the injured worker's physical examination does not indicate facet mediated pain. There is also no mention of an attempt at conservative treatment. The current request cannot be determined as medically appropriate, as the injured worker's response to the initial facet blocks would require re-assessment prior to a facet rhizotomy. Therefore, the request for BILATERAL L4-L5 FACET BLOCKS FOLLOWED BY RHIZOTOMY AT TEH SAME APPOINTMENT is non-certified.