

Case Number:	CM14-0003437		
Date Assigned:	01/31/2014	Date of Injury:	05/12/1994
Decision Date:	06/24/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational Medicine 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:

This is a 66-year-old patient with a 5/12/94 date of injury. 7/3/13 progress report indicates persistent low back pain radiating to the right lower extremity. 9/26/13 progress report indicates low back pain radiating to bilateral lower extremities. Physical exam demonstrates lumbar tenderness. 10/23/13 progress report indicates persistent low back pain radiating to the right lower extremity. Physical exam demonstrates limited lumbar range of motion secondary to pain with flexion and extension, increased pain on flexion and extension, lumbar tenderness. 8/5/11 lumbar CT demonstrates, at L4-5, posterior third of changes from previous hardware fusion with pedicle screws in place; and, at L5-S1, postoperative changes with moderate facet hypertrophy. Treatment to date has included home exercise, Toradol injection, medication, lumbar decompression and fusion, spinal cord stimulator, and lumbar medial branch blocks at the bilateral L2-4 levels on 4/2/13, resulting in 80% improvement for more than 6 weeks. There is documentation of a previous 12/12/13 adverse determination because there was no documentation of absence of previous fusion of the requested levels and low back pain that is non-radicular.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET RHIZOTOMY AT L4-S1 BILATERAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER LOW BACK COMPLAINTS, 300-301

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) Low Back Chapter, Facet Joint RFN

Decision rationale: Low Back Complaints ACOEM states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The patient presents with persistent low back pain recalcitrant to a prolonged course of conservative care. However, the patient's pain is noted to be radiating to the lower extremities, suggesting radicular etiology. In addition, the patient underwent previous fusion at L4-5 per imaging reports; facet RFA is not recommended at levels that were previously fused. The medial branch blocks were administered at different levels than are now requested; there is no evidence that recent medial branch blocks were obtained at L4-5 and L5-S1. Therefore, the request for Facet Rhizotomy at L4-S1 Bilateral is not medically necessary.