MAXIMUS Federal Services

Case Number:	CM14-0005897		
Date Assigned:	02/07/2014	Date of Injury:	11/16/2009
Decision Date:	07/03/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/15/2014

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:

The patient is a 43-year-old female who has submitted a claim for lumbar disc displacement, lumbar radiculopathy, lumbar facet syndrome, left sacroiliac joint arthropathy associated with an industrial injury date of November 16, 2009. Medical records from 2011-2013 were reviewed, the latest of which dated December 27, 2013 revealed that the patient complains of frequent axial low back pain, radiating to both feet, with increased pain upon sitting and standing. Home exercise program and electrical muscle stimulating unit are helpful. She reports that pain level is 6/10 with medication and 9/10 without medication. With medications, she is able to perform activities of daily living and home exercise program with less pain. On physical examination, there is tenderness over the paravertebral musculature and lumbosacral junction. There is limitation in range of motion of the lumbar spine in flexion to approximately 38 degrees, extension to approximately 5 degrees, left lateral flexion to approximately 10 degrees, right lateral flexion to approximately 10 degrees. There is increased pain primarily upon extension. Straight leg raising elicits low back pain. MRI of the lumbar spine done last December 16, 2010 revealed a 2-3mm disc protrusion at L4-5 and L5-S1 with left side greater than right neuroforaminal stenosis. Treatment to date has included lumbar epidural steroid injection (April 5 and June 14, 2012), bilateral L4-S1 medial branch blocks (October 25, 2013), subacromial injections, physical therapy, chiropractic treatment, home exercise program, and medications which include Vicodin, Tylenol, Zanaflex, Norco, Fexmid, Neurontin and Lidoderm patch. Utilization review from December 16, 2013 denied the request for bilateral L4-S1 medial branch facet joint rhizotomy and neurolysis because the patient has documented radiculopathy with sensory abnormality; and denied the request for hot/cold contrast unit as this is only recommended for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-S1 MEDIAL BRANCH FACET JOINT RHIZOTOMY AND NEUROLYSIS: 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 Official Disability Guidelines (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA (radiofrequency ablation) include at least one set of diagnostic medial branch blocks with a response of graeter than or equal to 70%, no more than two joint levels will be performed at one time, and limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, the patient underwent bilateral L4-S1 medial branch blocks (October 25, 2013) and states that she received approximately 100% relief for the first four days and about 80% relief for low back pain for two weeks. However, the most recent clinical evaluation reveals radicular symptoms manifesting as back pain radiating to both feet. Guideline crtieria were not met. The request for a bilateral L4-S1 medial branch facet joint rhizotomy and neurolysis is not medically necessary or appropriate.

HOT/COLD CONTRAST UNIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.