MAXIMUS Federal Services

Case Number:	CM14-0007656		
Date Assigned:	02/10/2014	Date of Injury:	04/30/2000
Decision Date:	07/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/21/2014

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 54-year-old male who has submitted a claim for lumbar degenerative joint disease associated with an industrial injury date of April 30, 2000. The medical records from 2012-2013 were reviewed. The patient complained of persistent low back pain, moderate in intensity. T here an associated right leg pain. Physical examination showed limited range of motion of the lumbar spine with pain. MRI (magnetic resonance imaging) of the lumbosacral spine, dated August 7, 2013, revealed no instability on dynamic flexion or extension views, stable appearance to interbody fusion at L5-S1, and stable appearance to disc space narrowing and spondylosis at L3-L4 and L4-L5. Nerve conduction study, dated March 11, 2010 showed electrodiagnostic evidence of mild right L5 radiculopathy. The treatment to date has included medications, physical therapy, activity modification, left knee anterior cruciate ligament (ACL) repair, lumbar epidural steroid injections, and lumbar facet injections. A uUtilization review, dated December 26, 2013, denied the request for rhizotomy L3-L4 and L4-L5 because there was no documentation of at least one set of diagnostic medial branch blocks with a response of at least 70%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy L3-L4 and L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation and Non-MTUS: Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: According to CA MTUS/ACOEM Practice Guidelines, good quality medical literature does not exist regarding radiofrequency neurotomy of facet joint nerves in the lumbar spine. In addition, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The criteria for radiofrequency ablation (RFA) include at least one set of diagnostic medial branch blocks with a response of greater or equal to 70%; no more than two joint levels will be performed at one time; there is documentation of failure of conservative treatment; and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the patient continues to experience low back pain. The rationale of the request was to avoid the patient requiring a fusion operation. However, a diagnostic medial branch block has not been done yet. Previous utilization review dated January 14, 2014 denied the request for a medial branch block. Furthermore, there was no documentation indicating failure of conservative management such as home exercise, physical therapy, and medications. Moreover, there was no discussion regarding plans of additional evidence-based conservative therapies. The MTUS/ACOEM guidelines criteria were not met. Therefore, the request for Rhizotomy L3-L4 and L4-L5 is not medically necessary.