

Case Number:	CM14-0007824		
Date Assigned:	02/07/2014	Date of Injury:	01/22/2009
Decision Date:	07/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/17/2014

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 68-year-old female who has submitted a claim for Lumbago and Radicular Syndrome (Thoracic/Lumbosacral) associated with an industrial injury date of January 22, 2009. The medical records from 2010 through 2013 were reviewed, which showed that the patient complained of low back pain. She noted that radicular pain improved with no significant sharp shooting pain going into her lower extremities. On physical examination, there was tenderness over the lumbosacral spine. Range of motion was 80% of normal. Straight leg raise was negative bilaterally. No sacroiliac joint tenderness was noted. There was also diffuse paralumbar tenderness bilaterally. No sensorimotor deficits were reported. The treatment to date has included medications, acupuncture, chiropractic care, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, lumbar epidural steroid injections, lumbar facet injections, L3-5 medial branch block, and bilateral L2-L5 rhizotomies (July 8, 2013). A utilization review from January 2, 2014 denied the request for bilateral rhizotomy at L3-L5 because there was no documentation of at least 12 weeks at 50% relief with prior neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL RHIZOTOMY AT L3-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 Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The CA MTUS does not specifically address repeat neurotomies. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at more than or equal to 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). In this case, a request for bilateral L3-5 rhizotomy was made because of the possibility that her prior lumbar rhizotomy was not able to achieve complete ablation of the nerves. In addition, the patient was noted to be able to get over 50% pain reliefs from the previous rhizotomy. However, the medical records failed to specify the duration of pain relief from prior rhizotomy. As stated above, repeat neurotomies are not recommended unless duration of relief is at least 12 weeks. Therefore, the request for bilateral rhizotomy at L3-L5 is not medically necessary.