

Case Number:	CM14-0010489		
Date Assigned:	03/12/2014	Date of Injury:	06/21/2003
Decision Date:	08/11/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 76-year-old female who has filed a claim for lumbago associated with an industrial injury date of June 21, 2003. Review of progress notes indicates right-sided low back pain. Findings include tenderness over the facet joints of right L4-5 and L5-S1. MRI of the lumbar spine from September 2013 showed degenerative disc disease with disc bulges at T12-L1 and L1-2, and degenerative facet changes at L4-5 and L5-S1 bilaterally. Treatment to date has included NSAIDs, opioids, right facet joint injection in July 2013, and left lumbar rhizotomy. The patient notes 50% pain relief with the facet joint injection, and that the left lumbar rhizotomy eliminated the pain on the left. Utilization review from December 20, 2013 did not grant the requests for right L4-5 and L5-S1 rhizotomy as there is no documentation of adequate diagnostic blocks or a formal plan of additional conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-5, L5-S1 RHIZOTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines.

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 chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use of facet joint radiofrequency neurotomy include diagnostic medial branch block with a response of at least 70% and at least 2 hours for lidocaine; documented improvement in VAS score, decreased medications, and improvement in function; and presence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. No more than 2 joint levels are to be performed at one time. In this case, the patient has had previous right lumbar facet block resulting in about 50% improvement. There is also no indication as to whether the patient has been able to decrease use of medications, or of a formal plan of conservative management. Therefore, the request for right L4-5 and L5-S1 rhizotomy was not medically necessary.