

Case Number:	CM14-0011949		
Date Assigned:	02/21/2014	Date of Injury:	04/08/2001
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 Medicine, 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:

This is a 44-year-old male patient with a 4/8/01 date of injury. The patient presents with persistent low back pain, progressively return 6 months after a prior lumbar rhizotomy procedure. The patient's low back pain was rated 8/10 without medications and 3/10 with medication on 12/31/13. Physical exam findings include lumbar tenderness, muscle guarding, moderate spasm, increased pain on lumbar extension, increased low back pain with straight leg raise test and reduced lumbar range of motion. Treatment to date has included previous lumbar rhizotomy, TENS, medication, physical therapy. The patient underwent L4-S1 rhizotomy on 8/26/11, L5-S1 IDET in April 2002, at L4-S1 rhizotomy on 3/4/09, with history of prior rhizotomy. The patient has also had lumbar rhizotomy on 1/24/13. There is documentation of a previous 1/23/14 adverse determination because a certification determination was rendered two weeks prior. There is documentation of a previous 1/8/14 certification for 1 bilateral medical branch facet joint rhizotomy and neurolysis at L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REPEAT BILATERAL L5-S1 MEDIAL BRANCH RHIZOTOMY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute and Chronic).

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

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG criteria for RFA include evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. It appears that the previous review arrived at an adverse determination solely on grounds that the same request had been certified just two weeks prior. Therefore, the non-certification determination was issued on an administrative, rather than medical basis. The patient was noted to have obtained significant 100% pain relief with previous lumbar RFA in 2013, and has now presented with recurrent, non-radicular low back pain worse on extension with facet tenderness over the proposed facet levels. Given significant relief with previous RFA and recurrence of symptoms, the proposed procedure is considered medically necessary, notwithstanding the fact that a previous certification was issued on 1/8/14 and this is to reaffirm that determination rather than to suggest another RFA be authorized. Within these constraints, the request for 1 REPEAT BILATERAL L5-S1 MEDIAL BRANCH RHIZOTOMY was medically necessary.