

Case Number:	CM14-0019532		
Date Assigned:	04/23/2014	Date of Injury:	06/01/2009
Decision Date:	07/03/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/17/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 45-year-old female who sustained an injury to her low back on 06/01/09. The mechanism of injury was not documented. The injured worker was diagnosed with lumbosacral spondylosis and lumbosacral neuritis. The clinical note dated 01/20/14 reported that the injured worker had developed increased lumbar pain and was waiting for authorization for neurolysis. It was reported that treatment with medication enabled the injured worker to perform her basic activities of daily living and that medications reduced her pain for four hours without side effects. It was reported that the injured worker underwent two successful medial branch blocks, making her a candidate for radiofrequency ablation on the right at L4-5 and L5-S1. It was reported that the patient had a successful response to previous medial branch blocks that produced 50% relief and was good enough to make a real difference.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR L3, L4, L5-S1 NEUROLYSIS, MEDIAL BRANCH 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 (ODG), Low Back.

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

Decision rationale: The request for right lumbar L3-4 and L5-S1 neurolysis, medial branch rhizotomy is not medically necessary. The ODG states that one set of medial branch blocks is required for rhizotomy. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). The patient reported 50% relief following previous medial branch blocks at L4-5 and L5-S1. The ODG also states that treatment with rhizotomy requires a diagnosis of facet joint pain using the medial branch block. The clinical documentation submitted for review, medical necessity of the request for right lumbar L3-4 and L5-S1 neurolysis, medial branch rhizotomy has not been established. Therefore, the request for right lumbar L3, L4, L5-S1 neurolysis, medial branch rhizotomy is not medically necessary and appropriate.