

Case Number:	CM14-0111037		
Date Assigned:	09/16/2014	Date of Injury:	07/11/2011
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/16/2014

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 and Rehabilitation and Pain 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 injured worker is a 57-year-old female who reported an injury on 07/11/2011, due to an unknown mechanism. Diagnoses were lower back pain, lumbar radiculopathy and facet joint arthropathy, left hip and sacroiliac strain. Physical examination on 06/17/2014, revealed that the injured worker had a bilateral lumbosacral rhizotomy on 06/02/2014. The treatment was initiated on the left side, but because of a device malfunction, the right side could not be treated. The injured worker reported discomfort at the site of the rhizotomy. Otherwise, the injured worker had no adverse effects. Examination revealed local tenderness over the L5 site near the iliac crest and sacroiliac joint. Motor strength was intact in both lower extremities. There was moderate discomfort with range of motion of the lumbar spine with flexion to 40 degrees. There was mild pain on recovery from flexion and extension was to 20 degrees. Lateral bending was to 10 degrees left and right. Treatment plan was for a right side lumbar rhizotomy at the L3, L4 and L5. The rationale was "it appears that the patient actually had a partially positive response to the left sided rhizotomy despite the rhizotomy device malfunction." The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar rhizotomy at L3, L4 and L5 with monitored anesthesia: Overturned

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) - TWC Low Back Procedure Summary last updated 07/03/2014; Criteria for use of facet joint radiofrequency neurotomy:

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 decision for right lumbar rhizotomy at L3, L4 and L5 with monitored anesthesia is medically necessary. The Official Disability Guidelines state facet joint radiofrequency neurotomies are under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Studies have not demonstrated improved function. Also called facet rhizotomy, radiofrequency medial branch neurotomy, or radiofrequency ablation, this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. Criteria for the use of facet joint radiofrequency neurotomies are: Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. 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 greater than 50% pain relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. No more than 2 joint levels are to be performed at 1 time. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. The provider did write a letter stating that the right rhizotomy procedure was never carried out because of the equipment malfunction. Due to the fact that this procedure was never carried out due to equipment malfunction, this request is medically necessary.