

Case Number:	CM14-0117901		
Date Assigned:	08/06/2014	Date of Injury:	01/14/2013
Decision Date:	09/12/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/28/2014

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 & Oklahoma. 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 46-year-old who reported an injury on 01/14/2003. The injured worker was noted to have diagnoses of sprains and strains of lumbar region; cervical radiculopathy; and lumbosacral spondylosis without myelopathy. Prior treatment was noted to be injections and medial branch block. The injured worker was noted to have no prior surgical history. A visit note finds the injured worker with a chief complaint of lower back pain, headache and numbness over both hands. The objective physical exam findings were positive for numbness and tingling. All the related record of symptoms was negative. Medications were noted to be Prilosec, Voltaren tablets, Norco and Tramadol. The treatment plan is to continue previously prescribed medications. The rationale for the request was noted. A Request for Authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Rhizotomy Bilateral L3, L4, L5 under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The request for Lumbar Rhizotomy Bilateral L3, L4, L5 under fluoroscopy is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines provide criteria for use of facet joint radiofrequency neurotomies. Treatment requires a diagnosis of facet joint pain using a medial branch block. The medial branch block should have a response of greater than 70% and pain response should last at least 2 hours. Documentation should provide evidence of a formal plan of additional evidence based conservative care such as exercise. The documentation submitted for review fails to document greater than 70% response for at least 2 hours from the medial branch block. In addition, the documentation fails to indicate that the injured worker had success from the medial branch block with evidence of a reduction in medication by 50%. As such, the request for Lumbar Rhizotomy Bilateral L3, L4, L5 under fluoroscopy is not medically necessary.