MAXIMUS Federal Services

Case Number:	CM14-0126072		
Date Assigned:	08/13/2014	Date of Injury:	07/08/2011
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/08/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 27 year old female with a work injury dated 7/8/11. The diagnoses include lumbar spondylosis, lumbago, mild lumbar spine facet degenerative changes from L3-4 through L5-S I, thoracolumbar scoliosis. Under consideration is a request for Left L4-5 and L5-Sl Lumbar Facet Rhizotomy under Fluoroscopic Guidance and IV Sedation. There is a 7/23/14 utilization review appeal that states that the patient continues to have chronic low back pain. She is status post bilateral diagnostic lumbar facet blocks at the L4-L5 and L5-SI levels performed on 6/13/14. She notes no significant improvements in the right-sided low back pain but reports significant decrease in pain in the left side of the lower back for the first two days after the injection. She reports she had approximately 75% decrease in left-sided low back pain and continues to have some moderate decrease in pain in the left side of the lower back after the diagnostic facet block. She denies any radiation of discomfort in the lower extremities at this time. On examination of the lower back, she has tenderness to palpation over the right lower lumbar facet joints but minimal tenderness over the left side. She had improvements in extension to 15 degrees and flexion was well tolerated to 45 degrees. Lateral tilt to the left was tolerated to 25 degrees; lateral tilt to the right was guarded to 10 degrees. Straight leg raise test was negative bilaterally. Gait was normal. X-ray of lumbar spine dated 3/14/13, Impression: I. Mild lumbar spine facet degenerative changes from L3-4 through L5-S I.2, mild thoracolumbar scoliosis. The discussion states that she is status post bilateral diagnostic lumbar facet blocks at the L4-L5 and L5-S 1 levels performed on 6/13/14. She notes no significant improvements in the right-sided low back pain but reports significant decrease in pain in the left side of the lower back for the first two days after the injection. She reports she had approximately 75% decrease in left-sided low back pain and continues to have some moderate decrease in pain in the left side of the lower

back after the diagnostic facet block. She denies any radiation of discomfort in the lower extremities at this time. After the facet block, she has minimal tenderness to palpation over the left lower lumbar facet joints on physical examination. She does not have any signs of radiculopathy. Her X-ray of the lumbar spine from 3/l4/l3 is impressive of facet degenerative changes from L1-4 through L5-S1. Given her positive response to left-sided lumbar facet blocks at L4-5 and L5-S 1, she is a candidate for left L4-5 and L5-S1 radiofrequency ablation/rhizotomy for treatment of the left lumbar facet arthropathy. There is a request for physical therapy to be conducted post left radiofrequency ablation to facilitate further pain relief and rehabilitation. She will be continuing home exercise program to maintain continuity of care. A 6/24/14 document states that she was last seen for bilateral diagnostic lumbar facet blocks at the L4-L5 and L5-S 1 levels performed on 6/13/14. After the injection, she did have some mild nausea and vomiting for the first 24 hours likely related to the provision of Versed but this symptom did resolve. She had no fevers, She had no significant improvements in the right-sided low back pain but reports significant decrease in pain in the left side of the lower back for the first two days after the injection, She reports she had approximately 75% decrease in left-sided low back pain and continued to have some moderate decrease in pain in the left side of the lower back after the diagnostic facet block, She would like to undergo radiofrequency ablation if possible if it would decrease the left-sided low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L4-5 and L5-S1 Lumbar Facet Rhizotomy under Fluoroscopic Guidance and IV Sedation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Facet Joint radiofrequency neurotomy.

MAXIMUS 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) Low back- Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy; Facet joint pain, signs & symptoms.

Decision rationale: 1 Left L4-5 and L5-S1 Lumbar Facet Rhizotomy under Fluoroscopic Guidance and IV Sedation is medically necessary per the MTUS and ODG Guidelines. The guidelines state that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The patient had a response to prior diagnostic medial branch blocks is required with a response of 70%. The patient's pain is non-radicular. The recent documentation indicates a request for a supervised therapy program as well as continuing home exercise. The request for 1 Left L4-5 and L5-S1 Lumbar Facet Rhizotomy under Fluoroscopic Guidance and IV Sedation is medically necessary.