

Case Number:	CM14-0155356		
Date Assigned:	09/25/2014	Date of Injury:	01/21/2009
Decision Date:	10/28/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 58-year-old male who reported an injury on 01/21/2009. The mechanism of injury was not provided. Diagnoses included lumbar disc disease, lumbar facet syndrome, and lumbar radiculopathy. The past medical treatment included medications, chiropractic therapy, epidural injection, physical therapy, rest, home exercises, and rhizotomy of L4 through S1 medial branch facet joints. There was no surgical history provided. The injured worker complained on 09/03/2014 of lumbar spine pain, which he rated on a pain scale of 7/10. The injured worker described his pain as a constant, sharp ache radiating to the bilateral legs. The injured worker reported the pain had improved since the last clinical visit of 04/23/2014. The injured worker stated having bilateral L4-5 and L5-S1 transforaminal epidural steroid injections on 07/03/2014, which he stated helped by 45% to 50% for the first week. The physical examination of the lumbar spine revealed there was diffuse tenderness over the paraspinal musculature, and moderate facet tenderness from L4 through S1. The straight leg raising test elicited low back pain only. The lumbar spine range of motion revealed flexion of 60 degrees and extension of 10 degrees. Medications were not provided. It was noted the injured worker had a lumbar facet rhizotomy approximately one year prior with 100% relief of his pain until approximately one month prior to the visit. It was noted he was able to stop his medications and perform his activities of daily living without pain. The treatment plan is for bilateral L4-S1 rhizotomy and a hot and cold unit following the procedure due to the injured worker's positive response to the previous rhizotomy. The request for authorization form was not provided

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-S1 RHIZOTOMY: Upheld

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

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

Decision rationale: The request for bilateral L4-S1 rhizotomy is not medically necessary. The injured worker complained on 09/03/2014 of lumbar spine pain, which he rated on a pain scale of 7/10. The CA MTUS/ACOEM Guidelines state lumbar facet neurotomies reportedly produce mixed results. The Official Disability Guidelines state facet joint radiofrequency neurotomy (rhizotomy) is under study. 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 50% 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. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is lack of documentation to verify improvement of pain scores from the previous rhizotomy. There is lack of documentation to verify the injured worker's decreased medications and improvement in function. In addition, there is no indication of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore, the request for bilateral L4-S1 rhizotomy is not medically necessary.

HOT/COLD UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: As the requested intervention is not supported by the documentation, the requested ancillary service is also not supported.