

Case Number:	CM14-0167516		
Date Assigned:	10/14/2014	Date of Injury:	04/24/2008
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 40-year-old female with a 4/24/08 date of injury. At the time (9/2/05) of request for authorization for one Rhizotomy at L4-5 and L5-S1, there is documentation of subjective (low back pain radiating to left hip and thigh) and objective (not specified) findings, current diagnoses (radiculopathy and sciatica), and treatment to date (medications, home exercise program, and previous rhizotomy treatment). Medical report identifies that the previous rhizotomy provided 50% pain relief. There is no documentation of improvement in VAS score, improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and at least 12 weeks at 50% relief with prior Neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Rhizotomy at L4-5 and L5-S1: 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-Lumbar & Thoracic (Acute & Chronic) ; Criteria for use of 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 Radiofrequency Neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, no more than two joint levels will be performed at one time, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of diagnoses of radiculopathy and sciatica. However, despite documentation that the previous rhizotomy provided 50% pain relief, there is no documentation of improvement in VAS score, improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, and at least 12 weeks at 50% relief with prior neurotomy. Therefore, based on guidelines and a review of the evidence, the request for one Rhizotomy at L4-5 and L5-S1 is not medically necessary.