

Case Number:	CM14-0179103		
Date Assigned:	11/03/2014	Date of Injury:	06/20/2000
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury of 6/20/2000. Diagnoses include lumbar radiculopathy and facet arthropathy at L4-L5 and L5-S1. Prior treatment has included left L5 epidural steroid injection as well as facet medical branch block at L4-L5 and L5-S1. Pain relief of 50% was noted for one day following the medial branch block with pain then returning to at least baseline level. Current medication includes Lyrica, bupropion, omeprazole and Lexapro. The request is for radiofrequency Rhizotomy bilateral L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency rhizotomy bilateral L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation (ODG) ODG, Low Back, Facet Joint Radiofrequency Rhizotomy and Facet Joint Diagnostic Block

Decision rationale: CA MTUS states that facet injections are a category C intervention with limited evidence for use. ODG section on low back includes the following criteria for facet

Rhizotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block in which a 70 % reduction pain that lasts for at least two hours is obtained. (2) 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. (3) 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. (4) No more than two joint levels are to be performed at one time. (5) 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. (6) There should be evidence of a formal additional evidence-based conservative care in addition to facet joint therapy. In this case, the pain relief from the medial branch block was reported to be 50 % which does not meet criteria per ODG for a successful medial branch block. Bilateral L4-L5 and L5-S1 Rhizotomy is not medically necessary.