

Case Number:	CM14-0181750		
Date Assigned:	11/06/2014	Date of Injury:	01/14/2013
Decision Date:	12/11/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopedic Spinal Surgery 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 47-year-old male who reported an injury on 01/14/2013; while driving to work on [REDACTED], a trailer flew over the divider and hit the injured worker's large work truck. The injured worker's airbag was deployed, and the side door was damaged, but he was able to get out. Diagnoses were bilateral upper extremity paresthesias versus cervical radiculopathy, post-traumatic headaches, facet arthropathy L4-5 and L5-S1, mild to moderate lateral recess stenosis L4-5 and L5-S1, bilateral carpal tunnel syndrome, annular tear left paracentral at L4-5, C5-6 disc degeneration, and C5-6 stenosis. Physical examination on 09/26/2014 revealed complaints of neck pain with stiffness. The injured worker rated his pain a 3/10 on the VAS. The injured worker reported he wakes up with numbness and tingling in both hands, which resolves once he shakes his hands. There were reports of continuous low back pain. The injured worker was working on modified duty. JAMAR hand Dynamometer test revealed that the injured worker had a decrease in strength. The test was repeated 3 times with each hand at different times during the examination. The first time revealed on the right 24 kg, left 28 kg. The second test revealed for the right a 20 kg, the left was 24 kg. The third test revealed for the right 22 kg, the left a 28 kg. There was decreased sensation over the median nerve distribution of the bilateral hands, right greater than the left. Examination of the lumbar spine revealed palpable tenderness over the mid line lower lumbar spine and over the bilateral sacroiliac joints. There was decreased sensation over the right S1 dermatome distribution. Range of motion for flexion was to 20 degrees, extension was to 10 degrees, left lateral bend was to 15 degrees, right lateral bend was to 15 degrees. Lower extremities revealed normal reflexes and normal motor power. Straight leg raise was negative bilaterally at 90 degrees. There was a negative faber's and a negative Fortin's. X-ray of the lumbar spine revealed mild disc height loss at the L5-S1, no instability and no fracture, there appeared to be mild to moderate facet

arthropathy at the L5-S1. MRI of the lumbar spine revealed moderate facet arthropathy at the L4-5 and L5-S1, annular tear left paracentral at the L5-S1 with mild to moderate lateral recess stenosis at the L4-5 and L5-S1. Treatment plan was for bilateral lumbar rhizotomy at the L4-5. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar rhizotomy at L4-L5: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Radiofrequency Neurotomy

Decision rationale: The decision for Bilateral lumbar rhizotomy at L4-5 is not medically necessary. The Official Disability Guidelines state criteria for use of facet joint radiofrequency neurotomy are treatment requires a diagnosis of facet joint pain using a medial branch block as described, and 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 greater than 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. No more than 2 joint levels are to be performed at one time. There should be evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy. It was reported that the injured worker had lumbar facet blocks on 06/10/2014 with no documentation of objective functional improvement reported or how long the injured worker had pain relief. Furthermore, the request does not indicate that the bilateral lumbar rhizotomy at L4-5 is to be given with fluoroscopy. The medical guidelines state that fluoroscopy is to be used for facet joint radiofrequency neurotomy. There were no other significant factors provided to justify a bilateral lumbar rhizotomy at L4-5. Therefore, this request is not medically necessary.