MAXIMUS Federal Services

Case Number:	CM14-0022230		
Date Assigned:	06/11/2014	Date of Injury:	11/16/2007
Decision Date:	07/29/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 & 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 female who reported an injury on 11/16/2007 due to unknown mechanism. The injured worker complained of neck pain that radiated down her to both her extremities, low back pain that radiated to the left lower extremities. The pain is aggravated by walking and daily activities. The pain was rated at 8/10 in intensity with medications and 9/10 without medications. Activities of daily living is limited to all areas of self care, hygiene, activity, ambulation, hand function, sleep, and sex. The injured worker's diagnoses include lumbar facet arthropathy, lumbar radiculopathy, anxiety, and depression. On physical examination dated 06/13/2014, there was tenderness noted upon palpation in the spinal vertebral region L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with bending, flexion, and extension. Facet signs were present in the lumbar spine bilaterally. Motor exam showed decreased strength of the extensor muscle along the L4-S1 dermatome in the bilateral lower extremities. The injured worker's medication include Prozac, vitamin D 2000 units, aspirin 81 mg, Norco 300/30 mg, Zantac 150 mg, sertraline 100 mg, simvastatin 40 mg, and temazepam 30 mg. The injured worker's past treatments and diagnostics include MRI of the lumbar spine dated 11/16/2009 that revealed from L5-S1 a 2 mm angular disc bulge slightly more pronounced on the right encroaching on the epidural fat and abutting the thecal sac without nerve root encroachment seen; and L3-L4, a 2 to 3 mm angular bulge mildly encroaching on the thecal sac without nerve root encroachment. An MRI of the right shoulder was dated on 10/11/2011, and there were no significant findings. The lumbar spine MRI was dated 01/28/2008, and significant findings included: at L3-L4, a 3 mm right paracentral protrusion with right neural foraminal narrowing. The injured worker's treatment plan was for facet rhizotomy bilateral at L5-S1. The authorization form dated 01/31/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET RHIZOTOMY BILATERAL AT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG. Treatment Index, 12th Edition, Low Back - Facet joint diagnostic blocks; Facet joint radiofrequency neurotomy.

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

Decision rationale: The request for facet rhizotomy bilateral at L5-S1 is not medically necessary. The injured worker complained of neck pain that radiated down bilateral upper extremities, and also of low back pain that radiated down to the lower extremities. The California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine Guidelines (ACOEM): according to guidelines, invasive techniques, there is a good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary pain relief. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should only be performed after appropriate investigation involving controlled differential dorsal rami medial branch diagnostic blocks. As such, the request for facet rhizotomy bilateral at L5-S1 is not medically necessary.