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| Case Number: | CM14-0022627 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 06/22/2010 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 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 had a history of constant pain of the neck which is described as piercing and pressure-like and dull. Pain level was a 5/10; and constant pain in the lower back traveling to the right leg described as bull and aching. The pain levels were without medications. Upon physical examination on 01/15/2014, the injured worker continued with neck and back pain. The injured worker was having difficulty falling asleep, walking through night, reduce daytime alertness, difficulty with sexual functioning, dizziness, headaches, anxiety symptoms, loss of work, depression symptoms, loss of appetite since injury, fluctuating weight, decreased muscle mass and strength and decreased energy levels. The range of motion to the lumbar spine was flexion 55 degrees bilateral, extension 20 degrees bilateral, and lateral bending right 20 degrees and left 15 degrees. The range of motion to the thoracic spine was flexion 45 degrees, rotation right 25 degrees and left 20 degrees. the range of motion to the cervical spine was flexion 50 degrees bilateral, extension 60 degrees bilateral, rotation 75 degrees bilateral, and lateral tilt/flex 25 degrees right and 30 degrees left. The injured worker had a diagnoses of cervicalgia, brachial neuritis or radiculitis nos, cervical facet joint syndrome, displacement of cervical intervertebral disc without myelopathy, displacement of thoracic intervertebral disc without myelopathy; T10-11, T11-12, T12-L1, displacement of lumbar intervertebral disc without myelopathy L2-3, L3-4, L4-5, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar facet joint hypertrophy L2-3, L3-4, L4-5, L5-S1, psychosexual dysfunction unspecified, dysthymic disorder, insomnia unspecified, and carpal tunnel syndrome: bilateral, left greater than right. The treatments were heat, rest, lumbar support, epidural steroid injection 12/30/2013 with reduction of pain from an 8 to 5/10, lumbar facet joint block with increased range of motion, improved activities of daily living, greater than 70% axial pain relief and pain reduction. The procedure helped restore function to low back, reduce leg pain, improved ability to perform activities of daily living. The

medications were to be continued as prescribed. The treatment plan is for radiofrequency rhizotomy of lumbar facets L2-3, L3-4, L4-5, and L5-S1. The request for authorization form was not within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY RHIZOTOMY OF LUMBAR FACETS L2-3, L3-4, L4-5, L5-S1 62278: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The request for radiofrequency rhizotomy of lumbar facets L2-3, L3-4, L4-5, and L5-S1 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACEOM) guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines (ODG) state that no more than two joint levels are to be performed at one time. The amount of joint levels exceeds recommendation. As such, the request is not medically necessary.