

Case Number:	CM14-0022656		
Date Assigned:	06/11/2014	Date of Injury:	03/01/2005
Decision Date:	07/15/2014	UR Denial Date:	01/24/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 59-year-old male who reported an injury on 03/01/2005. The mechanism of injury was not stated. The current diagnoses include cervical radiculitis at C6, facet arthropathy, myofascial pain syndrome, and chronic pain syndrome. The injured worker was evaluated on 12/18/2013, with complaints of neck, arm, and low back pain. It is noted that the injured worker has received a previous medial branch block, which provided 2 days of pain relief. Physical examination revealed no acute distress, positive facet loading maneuver on the right at L4 through S1, tenderness to palpation and muscle spasm. Treatment recommendations included a rhizotomy on the right at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR RHIZOTOMY ON THE RIGHT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The California MTUS/ACOEM Practice 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. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the documentation submitted, the injured worker has previously undergone a lumbar medial branch diagnostic block. However, there was no evidence of objective functional improvement. The Official Disability Guidelines state facet joint intra-articular therapeutic blocks are successful when there is an initial pain relief of 70% plus pain relief of at least 50% for a duration of at least 6 weeks. The injured worker reported pain relief for only 2 days following the initial medial branch block. Based on the clinical information received, the request is not medically necessary and appropriate.