

Case Number:	CM14-0024474		
Date Assigned:	06/11/2014	Date of Injury:	12/28/1987
Decision Date:	08/12/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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 and is licensed to practice in California and Washington. 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 12/28/1987 due to lifting and twisting in an awkward position while installing a transmission onto a forklift. The injured worker has a long history of low back pain. Physical examination on 11/13/2013 revealed the injured worker underwent right L4-5 and L5-S1 medial branch blocks for diagnostic purposes on 09/16/2013. The injured worker stated he was significantly better after the injection for 5 days by about 80% to 90% improvement of the pain, then the pain returned on the sixth day back to its baseline. On 11/13/2013, the injured worker had right L4-5 and L5-S1 medial branch radiofrequency ablation. On 01/07/2014, the injured worker had medial branch blocks again at the L4-5 and L5-S1. The most recent physical examination of the injured worker was dated 06/04/2014, which revealed the injured worker had chronic back pain for over 15 years. The injured worker described his back pain as constant, rated between 6/10 and 8/10. Physical exam revealed range of motion of the lumbar spine remained slightly restricted. The neurological exam was intact. The injured worker's gait was unremarkable. There was increased muscle spasm and tenderness to the right and left sides of the lumbar spine. The injured worker is taking Fentanyl, Norco, and Cymbalta at the present time. Several treatment plans were discussed with the injured worker, such as to join a gym, start swimming, and working out with some weights or on a treadmill. Diagnoses for the injured worker were chronic back pain, lumbar disc disease, facet generated pain, radicular symptoms in the legs, denervation of L5-S1 nerve roots, and depression. The treatment plan for the injured worker was for psychotherapy once a week for 6 weeks. Cymbalta was increased to 30 mg 3 times daily, and to continue with the Fentanyl and the Norco as directed. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RHIZOTOMY L4-5 AND L5-1 LEFT SIDE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Rhizotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): pp. 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

Decision rationale: The request for outpatient rhizotomy L4-5 and L5-S1 left side is not medically necessary. The injured worker has had at least 4 types of spinal injections in the past, some with relief for a few days and some maybe a little longer. California ACOEM states facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines for facet joint radiofrequency neurotomy is under study. Criteria for the use of facet joint radiofrequency neurotomy are; treatment requires a diagnosis of facet joint pain using a medial branch block as described above. 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 the duration of relief from the first procedure is documented for at least 12 weeks with a 50% or greater pain relief. 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. There was no documentation of decreased medications for the injured worker after the previous rhizotomy and there was no documented improvement in the functional status. The injured worker reported pain to be anywhere between 3/10 to 8/10. He did mention he had a 90% improvement from the injections at that time, but there was no decrease in the medications. There were no reports from physical therapy, acupuncture, or chiropractic sessions submitted for review to support recent trial of conservative care. There was no documentation of functional improvement or functional gains for the injured worker from the prior procedure to support repeating it. Therefore, the request is not medically necessary.