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| Case Number: | CM14-0044939 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 01/28/2008 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 04/04/2014 |
| Priority: | Standard | Application Received: | 04/11/2014 |

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 Anesthesiology, has a subspecialty Pain Management 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:

According to the records made available for review, this is a 35-year-old male with a 10/28/08 date of injury. At the time (4/4/14) of request for authorization for Lumbar Facet Rhizotomy on Left L4-5, L5-S1, there is documentation of subjective (5-7/10 low back and leg pain with decreased activity of daily living) and objective (compensated gait, paraspinal muscles tender, spasm bilaterally, lumbar facet joints with tenderness left greater than right, bilateral tenderness of sacroiliac joints, and Gaenslen's positive bilaterally) findings, current diagnoses (lumbago, disc displacement not otherwise specified, and sciatica), and treatment to date (lumbar facet blocks L4-L5 and L5-S1 11/21/13 with 100% improvement in pain for a duration of 2 months and medications (including Robaxin and Meloxicam).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Rhizotomy on Left L4-5, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301.
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

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

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of more than or equal 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbago, disc displacement not otherwise specified, and sciatica. In addition, given documentation of lumbar facet blocks L4-L5 and L5-S1 on 11/21/13 with 100% improvement in pain for a duration of 2 months, there is documentation of at least one set of diagnostic medial branch blocks with a response of more than or equal 70%. In addition, given documentation of the requested Lumbar Facet Rhizotomy on Left L4-5, L5-S1, there is documentation of no more than two joint levels will be performed at one time. Furthermore, there is documentation of a formal plan of additional evidence-based conservative care (medications). Therefore, based on guidelines and a review of the evidence, the request for Lumbar Facet Rhizotomy on Left L4-5, L5-S1 is medically necessary.