

Case Number:	CM14-0073575		
Date Assigned:	07/16/2014	Date of Injury:	04/17/2004
Decision Date:	09/22/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 17, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; epidural steroid injection therapy in late 2013; MRI imaging of lumbar spine of May 10, 2013, notable for a 3-mm disk protrusion with abutment of the left L5 nerve roots; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 5, 2014, the claims administrator denied a request for an L4-S1 facet rhizotomy procedure and pre-procedure cardiac evaluation. The applicant's attorney subsequently appealed. In a progress note dated March 22, 2014, the applicant reported persistent complaints of low back pain. The applicant had reportedly settled her case via stipulation and award, it was stated. Limited lumbar range of motion with muscle spasm was appreciated. The applicant had a variety of psychiatric complaints with ongoing issues of low back pain. The attending provider stated that the applicant had received an 80% diminution in pain following an earlier medial branch procedure in March 17, 2014. The applicant was placed off of work, on total temporary disability, while Voltaren, Skelaxin, and Prilosec were renewed. The applicant was described as having 4/5 lower extremity strength on exam and an unsteady gait. The attending provider stated that he had mistakenly sought authorization for an epidural steroid injection and was, in fact, intent on pursuing the rhizotomy procedure at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Facet Rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Treatment Index, 9th Edition (web 2011): Criteria for use of therapeutic intraarticular and medial branch blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309 300.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, which the rhizotomy procedure in question is a subset, are deemed "not recommended." ACOEM Chapter 12, page 300 goes on to note that similar quality literature does not exist to support radiofrequency rhizotomy procedures in the lumbar region. In this case, furthermore, there is considerable lack of diagnostic clarity. The attending provider has given the applicant a prescription for Skelaxin, implying that he believed the applicant's issues are that of a function of muscle spasms. The applicant also received epidural steroid injection therapy for presumed radicular pain. The applicant has lower extremity weakness, also consistent with radicular pain. Therefore, the request is not indicated both owing to the considerable lack of diagnostic clarity here as well as owing to the unfavorable ACOEM position on the procedure in question. Accordingly, the request is not medically necessary.

Cardiac Clearance before procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309 300.

Decision rationale: This is a derivative or companion request, one which accompanied the primary request for the facet rhizotomy procedure. Since that procedure was deemed not medically necessary, the derivative or companion request for a pre-procedure cardiac clearance is likewise not medically necessary.