

Case Number:	CM14-0076426		
Date Assigned:	07/23/2014	Date of Injury:	11/28/2004
Decision Date:	09/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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 in Pain Management and is licensed to practice in Tennessee. 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:

This is a 50 year old male with an 11/28/2004 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 2/18/14 noted subjective complaints of 2/10 intermittent back pain. Objective findings included diffuse lumbar paraspinal tenderness, and moderate facet tenderness L4 to S1. On 2/6/14 the patient underwent L5 through S1 diagnostic medial branch blocks. There was noted to be 80% improvement for seven days after the procedure, with ability to stand longer than an hour without significant pain, and greater ease at performing ADLs. Diagnostic Impression: lumbar disc disease, lumbar radiculopathy Treatment to Date: diagnostic medial branch block, prior ESI, home exercise A UR decision dated 5/9/14 modified the request for bilateral L4-S1 medial branch facet rhizotomy and neurolysis to L5-S1 medial branch facet rhizotomy and neurolysis. The L4 level was not tested in the initial diagnostic procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Bilateral L4-S1 Medial Branch Facet Rhizotomy and Neurolysis: 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): 300-301.

Decision rationale: CA MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. However, although there is adequate documentation of a prior positively diagnostic medial branch block at L5-S1, the proposed treatment is for L4-S1. Without a positive diagnostic medial branch block at the level of L4, rhizotomy should not be performed. Therefore, the request for one bilateral L4-S1 medial branch block facet rhizotomy and neurolysis is not medically necessary.