

Case Number:	CM14-0077048		
Date Assigned:	07/18/2014	Date of Injury:	12/21/2012
Decision Date:	08/25/2014	UR Denial Date:	04/28/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 30-year-old male who reported an injury on 12/21/2012. The mechanism of injury was not stated. The current diagnoses include multi-level herniated nucleus pulposus in the lumbar spine with stenosis, lumbar radiculopathy, facet arthropathy of the lumbar spine, and left wrist possible tear of the scapholunate interosseus ligament. The injured worker was evaluated on 03/19/2014 with complaints of ongoing low back and left wrist pain. It is noted that the injured worker was status post left L4-L5 and L5-S1 rhizotomy on 09/18/2013. Previous conservative treatment also includes transcutaneous electrical nerve stimulation (TENS) therapy and chiropractic therapy. Physical examination on that date revealed limited lumbar range of motion, diffuse tenderness over the lumbar region, decreased sensation in the right lower extremity and diminished strength in the bilateral lower extremities. Treatment recommendations at that time included a repeat rhizotomy at left L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Repeat Rhizotomy on the left at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd Edition; regarding low back facet injections.

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 radiofrequency neurotomy.

Decision rationale: The California MTUS ACOEM Practice Guidelines state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state treatment requires a diagnosis of facet joint pain using a medial branch block. A Neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 6 weeks at greater than 50% pain relief. As per the documentation submitted, the injured worker is status post left L4-L5 and L5-S1 rhizotomy on 09/18/2013. Although it was noted that the procedure provided 4 months of pain relief, there was no objective evidence of a decrease in Visual Analog Scale (VAS) score, improvement in function or decreased need for pain medication. Therefore, the current request cannot be determined as medically appropriate. As such, A Repeat Rhizotomy on the left at L4-5 and L5-S1 is not medically necessary.