

Case Number:	CM14-0078279		
Date Assigned:	07/18/2014	Date of Injury:	08/23/2011
Decision Date:	08/15/2014	UR Denial Date:	05/06/2014
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 Orthopaedic Surgery 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:

This 66-year-old female bus driver sustained an industrial injury on 8/23/11. The mechanism of injury was not documented. The 1/9/14 pain management report cited grade 8/10 back and left lower extremity pain. She reported that she had about 5 months pain relief following a nerve block before the pain returned and became severe. She was about 70-80% better post-procedure, not taking any medications, and able to perform activities of daily living without much pain. When she took her medications, she was able to walk and perform activities with mild pain. Physical exam findings documented antalgic gait exacerbated by heel to toe walk, and mild to moderate loss of lumbar range of motion. Lower extremity sensation and reflexes were within normal limits. There was 4/5 right knee extensor weakness. The diagnosis included lumbar disc disease, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. The patient underwent bilateral medial branch facet joint rhizotomy neurolysis in August 2013 with almost 5 months of relief. At that time, she was able to stop her medications, walk without pain, and perform activities of daily living without significant discomfort. The treatment plan requested bilateral L3-L5 medial branch facet joint rhizotomy neurolysis. The patient had run out of medications, and Norco, Relafen and Tramadol were dispensed. The 5/6/14 utilization review denied the appeal request for repeated L3-L5 medial branch facet joint rhizotomy neurolysis. There was no documentation of the duration of relief with the prior radiofrequency ablation, no clinical findings suggestive of facet mediated pain, and no evidence of on-going rehabilitation program for strengthening and conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L5 medial branch facet joint Rhizotomy neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309, 187, Chronic Pain Treatment Guidelines Radiofrequency ablation (neurotomy) Page(s): 102, 300-301. Decision based on Non-MTUS Citation ODG, Facet joint diagnostic blocks, Low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Facet joint radiofrequency neurotomy.

Decision rationale: The California ACOEM Revised Low Back guidelines state that radiofrequency neurotomy, neurotomy, and facet rhizotomy are not recommended for the treatment of any spinal condition. The Official Disability Guidelines indicate that facet joint radiofrequency neurotomy is under study. Criteria state that neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. No more than 3 procedures should be performed in a year's period. 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. Guideline criteria have not been met. This is a request for a repeat bilateral L3-L5 medial branch facet joint rhizotomy neurolysis. The initial procedure in August 2013 produced a 70-80% benefit for about 5 months. She was able to stop her medications, walk without pain, and perform activities of daily living without significant discomfort. However, there were inconsistent clinical findings suggestive of facet mediated pain, leg pain with weak quadriceps evidencing radiculopathy (which does not support the request) and no evidence of on-going rehabilitation program for strengthening and conditioning. Therefore, this request for bilateral L3-L5 medial branch facet joint rhizotomy neurolysis is not medically necessary.