

Case Number:	CM14-0093777		
Date Assigned:	07/25/2014	Date of Injury:	11/15/2009
Decision Date:	10/02/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 42 year old male with a 11/15/09 injury date. The mechanism of injury is not provided. In a follow-up on 5/14/14, subjective complaints included increasing pain with referral to the left hip, leg, and buttock. The pain was worse with lumbar flexion and medications provided about 50% relief. Objective findings included left lumbar tenderness to palpation with pain radiating to the calf. There were normal sensory, motor, and reflex examinations. A lumbar spine xray series with flex/ext views on 1/16/14 showed a stable L5-S1 disc replacement. Diagnostic impression: chronic pain, lumbar post laminectomy syndrome. Treatment to date: L5-S1 disc replacement, L3-5 medial branch blocks (11/8/13): pre-procedure pain was 7/10 and post-procedure pain was 4/10, medications. A UR decision on 6/5/14 denied the request for L5-S1 lumbar rhizotomy on the basis that no prior medical branch block was done at L5-S1, there is no documentation of a planned physical therapy program, and the patient has radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Destroy Lumbar/Sac Facet Joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

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. In the present case, there is no documentation of prior physical therapy or planned physical therapy after the proposed procedure. In addition, there was not adequate pain relief after the L3-5 medial branch blocks since pain only went from 7/10 to 4/10. Therefore, the request for destroy lumbar/sac facet joint is not medically necessary.