

Case Number:	CM14-0094552		
Date Assigned:	07/25/2014	Date of Injury:	08/16/2013
Decision Date:	08/28/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/21/2014

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 Neurological 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:

The records, presented for review, that the injured worker is a 56-year-old female who was reportedly injured on 8/16/2013. The mechanism of injury was noted as a fall. The most recent progress note, dated 5/13/2014, indicated that there were ongoing complaints of low back pain that radiated down into the right buttock. The physical examination demonstrated cervical spine as an unremarkable exam. Shoulder/elbow/wrist and hand had an unremarkable exam. Lumbar spine had positive tenderness to palpation in the right side and limited range of motion. Straight leg raise sitting was 90 degrees with complaints in the posterior right side. Straight leg raise supine was 70 degrees. The patient was able to perform heel-toe walk with complaints in the right calf and right side. Right hip had slight decreased range of motion on internal and external rotation. Diagnostic imaging studies included lumbar spine x-rays. Previous treatment included chiropractic care, medial branch blocks, physical therapy, medication and conservative care. A request had been made for bilateral rhizotomy at L3-L4 and L4-L5, Lidopro topical ointment 4 ounces and was not certified in the pre-authorization process on 5/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral Facet Radiofrequency Rhizotomy under fluoroscopic guidance at L3-4: Upheld

Claims Administrator 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) Treatment in Workers Compensation (TWC); 2013, Low Back, Lumbar and Thoracic: Facet Joint Diagnostic Blocks (Injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: There is no recommendation for or against the use of radiofrequency neurotomy, neurotomy, or facet rhizotomy for treatment of patients with chronic low back confirmed with diagnostic blocks but who do not have radiculopathy and who have failed conservative treatment. These are for patients with chronic low back pain without radiculopathy who failed conservative treatments and who have had a confirmed diagnosis by medial branch blocks. After review of the medical records provided, it is noted that the patient had temporary relief after a medial branch block. There was no specific timeframe listed for relief. Also, this procedure is currently under study with insignificant data of benefit at this time. Therefore, the request for outpatient bilateral Facet Radiofrequency Rhizotomy under fluoroscopic guidance at L3-4 is not medically necessary and appropriate.

Outpatient bilateral Facet Radiofrequency Rhizotomy under fluoroscopic guidance at L4-5: Upheld

Claims Administrator 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) Treatment in Workers Compensation (TWC); 2013, Low Back, Lumbar and Thoracic: Facet Joint Diagnostic Blocks (Injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

Decision rationale: There is no recommendation for or against the use of radiofrequency neurotomy, neurotomy, or facet rhizotomy for treatment of patients with chronic low back confirmed with diagnostic blocks, but who do not have radiculopathy and who have failed conservative treatment. These are patients with chronic low back pain without radiculopathy, who failed conservative treatments and who have had a confirmed diagnosis by medial branch blocks. After review of the medical records provided, it is noted that the patient had temporary relief after a medial branch block. There was no specific timeframe listed for relief. Also, this procedure is currently under study with insignificant data of benefit at this time. Therefore, the request for outpatient bilateral facet radiofrequency rhizotomy under fluoroscopic guidance at L4-5 is not medically necessary and appropriate.