

Case Number:	CM14-0115075		
Date Assigned:	08/04/2014	Date of Injury:	11/30/2006
Decision Date:	01/30/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/22/2014

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 Medicine and is licensed to practice in Texas. 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 patient is a 46 year old female who was injured on 11/30/2006. The diagnoses are cervicalgia, lumbago, thoracic disc disorder, status post cervical disectomy fusion, piriformis syndrome, carpal tunnel syndrome, knee and back pain. The 2014 MRI of the lumbar spine showed multilevel degenerative disc disease, facet arthropathy and foraminal stenosis. The patient completed PT and home exercise program. The past surgery history is significant for cervical fusion in 2006 and knee arthroscopy. The patient reported that the lumbar diagnostic median branch blocks on 5/12/2014 did provide 70% reduction in pain and increase in physical activities. On 6/23/2014, [REDACTED] noted that the patient wanted to proceed with rhizotomy because the pain had returned. The objective findings showed tenderness to palpation over the lumbar L4-5 and L5-S1 facet areas. The medications are Nucynta and Baclofen. A Utilization Review determination was rendered on 7/3/2014 recommending non certification for L4-L5, L5-S1 rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Rhizotomy L4-5, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter ; facet joint diagnostic blocks (injections) section; Criterion for the use of diagnostic blocks for facet "moderate pain"

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back

Decision rationale: The CA MTUS did not address the use of Rhizotomy for the treatment of lumbar facet syndrome. The ODG guidelines recommend that lumbar facet Rhizotomy can be utilized for the treatment of lumbar facet syndrome after conservative treatments with medications and PT have failed. The records indicate that lumbar radiculopathy had been excluded. The patient had reported significant pain relief with decreased medication utilization and increased physical function following diagnostic facet branch blocks. The criteria for the L4-L5 and L5-S1 Rhizotomy is met. The request is medically necessary.