MAXIMUS Federal Services

Case Number:	CM14-0188317		
Date Assigned:	11/19/2014	Date of Injury:	02/16/2012
Decision Date:	01/07/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 Orthopedic Surgeon and is licensed to practice in South Carolina & Georgia. 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 38-year-old female who reported injury on 02/16/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of degeneration of cervical intervertebral disc, degenerative of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbar spondylosis with myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, brachial neuritis or radiculitis, lumbar facet joint pain, cervical facet joint pain, insomnia, depression, and GI reflux disease. Past medical treatments consist of cognitive behavioral therapy, physical therapy; trigger point injection, facet joint blocks, and medication. On 04/05/2012 the injured worker underwent an MRI of the lumbar spine without contrast, which showed minimal annual bulging with foraminal extension, left greater than right, at L3-4. No associated stenosis. There was also minimal annular bulge and slight capsular thickening and mild foraminal narrowing at L4-5 and L5-S1 with minimal bulge and minimal thickening of the ligamentum flavum. Medications include Zoloft, Trazodone, Nexium, Phenergan, APAP, and tramadol. On 10/22/2014, the injured worker complained of neck and low back pain, which she rated at a 9/10 without medication, and 7/10 with medication. It was documented in the report that on 04/28/2014 the injured worker underwent a radiofrequency rhizotomy at L4-5 and had greater than 60% pain relief. Physical examination of the lumbar spine revealed tenderness from L4-S1 midline and paraspinous over the facets. Lumbar forward flexion was about 80 degrees, extension was about 15 degrees, and lateral bending was about 15 degrees bilaterally. Extension and lateral bending elicited pain. Straight leg raise was positive bilaterally. There was moderate to severe spasm in the bilateral lumbar spine, at L1-5, right greater than left. Sensation to light touch and pinprick were intact in the lower extremities. Motor strength was intact in the lower extremities. The

medical treatment plan is for additional bilateral L4-5 radiofrequency rhizotomy. A rationale or Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Radiofrequency Rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter

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, Facet joint radiofrequency neurotomy

Decision rationale: The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may be beneficial to the patient presenting in the transitional phase between acute and chronic pain. The ODG further state that criteria for the use of diagnostic blocks is limited to patients with pain that is non-radicular, that no more than 2 levels are injected in 1 session, and there is failure of conservative treatment to include home exercise, physical therapy, and NSAID prior to the procedure for at least 4 to 6 weeks. It was noted in the submitted report that the injured worker underwent radiofrequency rhizotomy on 04/28/2014 with 60% relief. Physical examination revealed that there was tenderness to palpation from the L4-S1 midline and paraspinous over the facets. However, the submitted documentation lacked evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications, and documented improvement in function. Additionally, the submitted report did not indicate how long the injured worker had relief with the first radiofrequency rhizotomy. Furthermore, the guidelines state that blocks are limited to patient with pain that is non-radicular. The report indicated that the injured worker had lumbosacral neuritis or radiculitis unspecified. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.