

Case Number:	CM14-0202520		
Date Assigned:	12/15/2014	Date of Injury:	05/19/2000
Decision Date:	01/30/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas & Maryland. 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 55 year old male with a date of injury of 05/19/00. He is being treated for migraine headaches, status post L4-5 disc replacement, and C4-5 & C5-6 disc derangements, sleep impairment related to pain, fibromyalgia, hypogonadism, CRPS, facet syndrome lumbar and pain in T9-10 midline with contiguous muscle triggers to the right. Subjective findings include persistent pain 8/10 in his lower back, reduced activity and lying in bed. Objective findings include multiple muscular triggers (cervical, occipital, periscapular, iliacs, and upper gluteals) but diminished in severity, lumbar ROM 60% flexion, 25% extension and normal SI joints bilaterally. Previous treatments have included medications (OxyContin, Percocet, Topiramate, Cymbalta), L3, L4 and L5 neurotomy (unknown date), bilateral facet rhizotomy medial branches L3, L4, L5 on 11/6/13, bilateral lateral branch SIJ rhizotomy L5-S3 on 11/26/13 and bilateral epidural injections transforaminal L5, S1 on 2/19/14. As a result, the patient has been able to decrease OxyContin dose from 40mg six daily to four daily. There has been no change in functional status or return to work. The previous utilization review on 11/25/14 found the request for Pain Management Lumbar Facet Rhizotomies, At Bilateral L5-S3 Quantity: 1 to be non-certify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Lumbar Facet Rhizotomies, At Bilateral L5-S3 Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The MTUS is silent in regards to rhizotomy or repeat rhizotomy. The MTUS and ODG do have criteria for radiofrequency facet neurotomy. MTUS states that there is good evidence to support radiofrequency neurotomy of facet joint nerves in the cervical spine, but the studies in the lumbar spine are of poor quality and produce mixed results. ODG states, "Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections).(2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period.(3) 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.(4) No more than two joint levels are to be performed at one time.(5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks.(6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy."In this case, the provider is requesting Pain Management Lumbar Facet Rhizotomy, At Bilateral L5-S3 Quantity: 1. Since the MTUS and ODG are silent on criteria for treatment with rhizotomy, the criteria for radiofrequency neurotomy will be used. As noted above, it is recommended for cervical spine, not lumbar spine as in this case. It may be performed repeatedly, but the record does not adequately document an improvement in VAS score, decreased medications or improvement in function. The most recent reduction in his pain medications was as a result of another UR and not due to improvement from previous procedures. Also, it is recommended that no more than 2 levels be performed at a time. In this case, it exceeds the number of levels recommended. As such, the request for Pain Management Lumbar Facet Rhizotomy, at bilateral L5-S3 quantity: 1 is not medically necessary.