MAXIMUS Federal Services

Case Number:	CM15-0002820		
Date Assigned:	01/13/2015	Date of Injury:	04/04/2011
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on 04/04/2011. He has reported low back pain. The diagnoses have included lumbar spondylosis, cervical spondylosis, thoracic spondylosis, and osteoarthrosis of the knee. Treatment to date has included medications, steroid injections, and acupuncture sessions. Medications have included Norco and Voltaren topical gel. A progress note from the treating physician, dated 12/08/2014, documented a follow-up evaluation of the injured worker. The injured worker reported lower back pain, which radiates up the back and down the leg; pain is rated 8/10 on the visual analog scale without medications; pain is aggravated by activity; and pain is improved by medications. Objective findings included tenderness to palpation over the lumbar facet joints; and decreased lumbar range of motion. The treatment plan had included continuation of Norco and Voltaren Gel as directed; Acupuncture 6 visits; Neurolysis Right Lumbar 3,4,5; and follow-up evaluation in 4 weeks. On 12/22/2014 Utilization Review non-certified a Lumbar 3, 4, 5 Neurolysis-right side, noting the lack of documentation that the injured worker has had previous dorsal ramus medical branch diagnostic blocks. The MTUS, ACOEM, Occupational Medical Practice Guidelines, Chapter 12 was cited. On 12/30/2014, the injured worker submitted an application for IMR for review of Lumbar 3, 4, 5 Neurolysis-right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 3,4, and 5 Neurolysis - right side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under : Neurolysis: Adhesiolysis, percutaneousand Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet jointradiofrequency neurotomy

Decision rationale: Based on the 12/08/14 progress report provided by the treating physician, the patient is a 62 year old male who presents with low back pain rated 8/10, that radiates up the back and down the leg. The request is for LUMBAR 3, 4, and 5 NEUROLYSIS - RIGHT SIDE. Patient's medications include Norco, Cymbalta, Pamelor and Voltaren gel. Per progress report dated 12/11/14, the patient may return to work on modified duty. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under: Neurolysis: Adhesiolysis, percutaneous section states: "Not recommended due to the lack of sufficient literature evidence (risk vs. benefit, conflicting literature)."ODG, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy 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). Treater plans "Neurolysis (ordered for 12/08/14) Right L3, 4, and 5, for the diagnosis of lumbosacral spondylosis without myelopathy, per progress report dated 12/08/14. According to guidelines, the request for Neurolysis is not recommended due to lack of sufficient literature. In the event treater is requesting radiofrequency Neurotomy to the right L3, 4, and 5 levels, ODG requires a diagnosis of facet joint pain using a medial branch block. Treater has not discussed facet joint pain, and there is no documentation of medial branch block performed. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.