

Case Number:	CM15-0108935		
Date Assigned:	06/15/2015	Date of Injury:	01/17/2008
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/05/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 59-year-old male who sustained an industrial injury on 1/17/08. Injury occurred when he was lifting laundry into a truck at work. Past medical history was positive for smoking and hypertension. Past surgical history was positive for lumbar laminectomy. The 3/26/15 lumbar spine MRI revealed stable severe spinal canal stenosis just above L5/S1, stable disc protrusion at L4/5 that compressed the descending left L5 nerve root, stable grade 1 anterolisthesis of L4 on L5, and L5/S1 with associated severe facet arthropathy, and moderate bilateral foraminal stenosis at L3/4, L4/5 and L5/S1. The 4/8/15 lower extremity electro diagnostic study findings were suggestive of chronic bilateral L4/5 and L5/S1 lumbar radiculopathy. The 4/13/15 treating physician report cited low back pain radiating down the right leg in the L5 distribution, severe at times. Pain was rated grade 5/10 with medications. Medications improved quality of life and helped with performing activities of daily living. Physical exam documented paraspinal tenderness, and lower extremity muscle strength and tone mildly decreased diffusely. Straight leg raise was negative. There was diminished bilateral lower extremity sensation in sort of a L5 distribution. There was markedly painful lumbar flexion and extension with paraspinal tenderness. Deep tendon reflexes were symmetrical. The diagnosis was lumbago and post-laminectomy syndrome of the lumbar spine. The treatment plan recommended continuation of current medications. Lumbosacral radiofrequency ablation was recommended if medial branch blocks are successful. Authorization was requested for lumbar/lumbosacral rhizotomy. The 5/4/15 utilization review non-certified the request for lumbar/lumbosacral rhizotomy as there was no evidence that medial branch blocks had been

performed and the presence of radiculopathy would be exclusionary criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar/lumbosacral rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS 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) Low Back & Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. Guidelines do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This injured worker presents with low back pain radiating into the right lower extremity in an L5 distribution. Clinical exam findings also documented decreased sensation consistent with the L5 dermatomal distribution. There is imaging evidence of L5 nerve root compression, and positive EMG findings for radiculopathy. Exclusionary criteria for radiofrequency ablation include radicular low back pain. Additionally, there is no evidence of positive medial branch blocks as required prior to proceeding with radiofrequency ablation. Therefore, this request is not medically necessary.