

Case Number:	CM15-0142334		
Date Assigned:	08/03/2015	Date of Injury:	06/20/2012
Decision Date:	08/31/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/22/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 39 year old female who sustained an industrial injury on 06-20-2012. She reported low back pain. The injured worker was diagnosed as having: Lumbar disc disease; Lumbar facet syndrome; Bilateral sacroiliac joint arthropathy. Treatment to date has included medications, physical therapy with daily stretching exercises, and a bilateral L3-L5 medial branch block. She complains of low back pain. At his time, she complains of sharp and dull low back pain that she rates at a 4-6 on a scale of 0-10. On 06-03-2015, the injured worker is seen in follow up. She underwent a bilateral L3-L5 medial branch block on 04-20-2015 that decreased her pain and increased sensation to the legs so they are no longer numb. She states she received 80 to 90 percent relief for one week, allowing her to return to the gym. She now has increased range of motion with no pain on extension. Medications include Tylenol #3 and Motrin. She has had no diagnostic studies since her last visit and there have been no changes in her medical history between visits. She does report muscle pain in the back. On exam, she performs heel toe walk with difficulty secondary to low back pain. There is diffuse tenderness with spasm over the paraspinal musculature, and moderate to severe tenderness noted from L4-S1 spinous process. She has bilateral sacroiliac tenderness, and diminished lumbar spine range of motion. Palpation to the piriformis muscle elicited referral pain to the gluteal musculature and posterior thighs. The treatment plan is for a rhizotomy. A request for authorization was made for the following: Bilateral L3-L5 facet rhizotomy and neurolysis that innervates bilateral L4-L5 and L5-S1 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L5 facet rhizotomy and neurolysis that innervates bilateral L4-L5 and L5-S1 facet joints: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. However, the patient has undergone diagnostic medial branch blocks with good response and therefore criteria have been met and the request is medically necessary.