

Case Number:	CM15-0142807		
Date Assigned:	08/03/2015	Date of Injury:	03/31/2006
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male, who sustained an industrial injury on 3-31-06. He has reported initial complaints of a back injury after a palm tree branch fell on him. The diagnoses have included lumbar degenerative disc disease (DDD), post laminectomy syndrome, shoulder impingement, lumbar Herniated Nucleus Pulposus (HNP) and lumbar facet syndrome. Treatment to date has included medications, activity modifications, diagnostics, surgery, lumbar rhizotomy, transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP).

Currently, as per the physician progress note dated 6-30-15, the injured worker complains of increasing lumbar back pain. It is noted that the injured worker has had previous medial branch rhizotomy with one year of 90 percent pain relief of facet pain and the symptoms have returned now and have become severe and limiting. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The physical exam of the lumbar spine reveals painful extension and lateral bending, tenderness over the L3-L5 facet joints, and positive straight leg raise on the right. The current medications included Naprosyn and Ultram. The previous lumbar rhizotomy procedures were noted and the previous physical therapy sessions are noted in the records. The physician requested treatment included Lumbar rhizotomy right L3-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar rhizotomy right L3-5: Overturned

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, Facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2006 and continues to be treated for back pain. Prior treatments have included radiofrequency ablation treatment with a reported 90% pain relief lasting for one year done in November 2013. When seen, he was having increasing pain rated at 6/10. Physical examination findings included lumbar spine tenderness and pain with lumbar extension. There was back pain with straight leg raising. Authorization for a repeat radiofrequency ablation treatment procedure was requested. If a repeat neurotomy is being considered, it 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 more than 50% relief. No more than 3 procedures should be performed in a year's period. In this case, the criteria are met and the repeat medial branch radiofrequency was medically necessary.