

Case Number:	CM15-0144554		
Date Assigned:	08/05/2015	Date of Injury:	09/17/2012
Decision Date:	09/02/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/27/2015

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:

This injured worker is a 54-year-old woman who sustained an industrial injury on 9/17/12. Injury occurred while maneuvering a heavy package. The 11/14/12 lumbar spine MRI impression documented unilateral L5 spondylosis with no significant spondylolisthesis. There was multilevel degenerative disc disease with some mild to moderate foraminal narrowing, but no discrete nerve root impingement at any level. There was mild facet arthrosis at L5/S1. The 6/11/15 pain management report cited pain over the lumbar facet joints, increased with facet loading maneuvers. Pain was non-radicular in nature and interfered with functional restoration. Lumbar facet injections were performed with Bupivacaine and Kenalog at L4/5 and L5/S1 on the left side, followed by left L4 and L5 medial branch blocks. Pre-procedure pain was reported 8/10 and reduced to 4/10. The 6/22/15 treating physician report cited low back pain radiating across to the left hip with no associated numbness or weakness. The injured worker had a recent injection on 6/11/15. Pain was rated grade 4/10 and medications have been decreased. Physical exam documented normal motor function, sensory exam, and deep tendon reflexes. Straight leg raise was negative bilaterally. Gait was normal and left hip range of motion was range of motion. Palpation over the back elicited pain, worse with extension. The injured worker described on-going back and left hip pain. She had significant relief with the facet blocks lasting almost 24 hours. Authorization was requested for lumbar facet rhizotomy left L4-S1 under fluoroscopy. The 7/3/15 utilization review non-certified the request for lumbar facet rhizotomy left L4-S1 based on limited documentation of specific functional improvements or pain improvements from the previous facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Rhizotomy left L4-S1 under fluoroscopy: 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. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This injured worker underwent facet joint injections and medial branch blocks at the same time. Records indicated that pain reduced by 50% for an apparent sustained duration, more consistent with steroid response than local anesthetic. The injured worker reported a reduction in medication, but this was not quantified. There was no documentation of functional improvement. There is no evidence in the current treatment plan of evidenced based conservative care in addition to facet joint therapy. Therefore, this request is not medically necessary.