

Case Number:	CM15-0145139		
Date Assigned:	08/06/2015	Date of Injury:	09/12/2008
Decision Date:	09/09/2015	UR Denial Date:	06/27/2015
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: 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 40 year old male who sustained an industrial injury on 09-12-2008. Mechanism of injury occurred while delivering cargo and he had a sudden onset of low back pain. Diagnoses include lumbosacral spondylosis, lumbar or lumbosacral disc degeneration, sprains and strain of the sacroiliac region not otherwise specified. Treatment to date has included diagnostic studies, medications, status post L5-S1 fusion, and 2 rhizotomy procedures with 80% improvement in back discomfort. His medications include Vicodin. He is currently working. A physician progress note dated 06-04-2015 documents the injured worker complains of low back pain. On examination there was tenderness over the lumbar L4-L5 facet joints bilaterally and he had muscle tightness. Treatment requested is for repeat lumbar spine L4/L5 bilateral rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar spine L4/L5 bilateral rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic Chapter, 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) chapter, under Facet joint radiofrequency neurotomy Low back Chapter under Facet joint diagnostic blocks.

Decision rationale: The 40 year old patient complains of lower back pain and has been diagnosed with lumbosacral spondylosis and lumbar or lumbosacral disc degeneration, as per progress report dated 06/04/15. The request is for Repeat Lumbar Spine L4/L5 bilateral rhizotomy. The RFA for the case is dated 06/05/15, and the patient's date of injury is 09/12/08. The patient is taking Vicodin for pain relief, as per progress report dated 06/04/15. The patient is status post L5-S1 fusion, status post bilateral L4-5 facet joint injections and status post bilateral SI joint injections, and is working usual duty, as per progress report dated 07/30/15 after the UR denial date. 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). 2. While repeat neurotomies may be required, they 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 50% relief. The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. 3. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. 4. No more than two joint levels are to be performed at one time. 5. If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 6. There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." ODG Low back Chapter under Facet joint diagnostic blocks states: "1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine." In this case, the patient has had lumbar rhizotomy in the past. As per progress report dated 10/26/11, the patient had a nerve ablation on 06/13/11. Another progress report dated 06/22/12 states that the patient has radiofrequency ablation bilaterally at L3, L4 and L5 on 12/28/11. The Utilization Review denial letter states that one of the procedures was performed in October 2012 but the date of the second rhizotomy is not clear. The current request is noted in progress report dated 06/04/15. Although the treater does not indicate the date for prior procedures, he states that the patient "has on 2 occasions undergone rhizotomy procedures, each time he obtained greater than 80% symptomatic improvement of his back discomfort". In progress report dated 08/04/15 after the UR denial date, the treater states that the patient had "greater than 80% symptomatic and functional improvement afterward. His diagnostic studies showed he does not need any lumbar surgery. His exam is consistent with facet arthropathy with tenderness over lower lumbar facet, limitations and lumbar extension and muscle tightness over those joints". While the patient did have >50% pain relief, it is not clear if this lasted for at least 12 weeks or not. Additionally, the treater does not use VAS scale to indicate reduction in pain nor does he document medication reduction, as required by ODG. Hence, the request is not medically necessary.