

Case Number:	CM15-0160830		
Date Assigned:	08/27/2015	Date of Injury:	02/13/2013
Decision Date:	10/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	08/17/2015

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 47-year-old male who sustained an industrial injury on 2/13/13. Injury occurred when he was assaulted at work as a psychiatric technician. Past surgical history was positive for C6-7 fusion in 2012. Past medical history was positive for left foot metatarsophalangeal joint sesamoid bone fracture with residuals, left hallux valgus deformity, and neurapraxia to the left medial digital nerve of the great toe. Conservative treatment included medications, acupuncture, and activity modification. The injured worker underwent right L4 and L5 radiofrequency ablation on 4/22/14 and left right L4 and L5 radiofrequency ablation on 5/6/14. There was no specific documentation of the VAS reduction, improvement in function, or reduction in medication achieved following these procedures. The 6/23/15 physical therapy initial evaluation documented radicular symptoms into thoracic lower extremity with generalized weakness and decreased functional endurance. Physical exam documented reduced lumbar curvature with guarded trunk mobility, lumbar active range of motion within functional limits, 3+ to 4-/5 core strength, and diminished patellar reflex. The treatment plan recommended physical therapy 2-3 times per week for 6 weeks. The 6/29/15 treating physician report documented subjective complaints that included constant low back pain radiating down both legs to the toes with frequent numbness and tingling into the legs and feet, and occasional muscle spasms to the low back. Additional complaints included bilateral occipital headaches, neck pain radiating into the upper extremities to the fingers, and right knee pain. Overall pain level was 9/10 that reduced to 7/10 with medications. He reported on-going activities of daily living limitations. Physical exam documented left foot tenderness and mild left foot swelling. The injured worker had a prior facet rhizotomy with lasting relief and improved function.

The treatment plan recommended physical therapy for lumbar spine 1-2 times per week for 4 weeks. The injured worker reported no prior physical therapy for the lumbar spine. Medications were renewed including Percocet, Trazodone, and gabapentin. The injured worker requested a repeat radiofrequency procedure as it had worn off and it was very helpful and increased his ability to function for 18 months. Authorization was requested for facet rhizotomy at bilateral L4-S1. The 7/14/15 utilization review non-certified the request for facet rhizotomy at bilateral L4-S1 as guidelines do not recommend facet rhizotomy in the setting of radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 facet rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 02/13/14) Facet joint diagnostic blocks (injections).

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. Criteria state that 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. 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. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommend facet joint diagnostic blocks for patients with radicular low back pain. Guideline criteria have not been met. This injured worker presents with constant low back pain radiating into both lower extremities with numbness and tingling to the feet. Clinical exam findings are consistent with radiculopathy. There is no lumbar radiographic or imaging reports submitted for review. There is anecdotal report of long-term benefit but no detailed evidence of improvement in VAS score, decreased medications, or documented improvement in function. Additionally, guidelines do not recommend facet joint rhizotomy for patients with radicular low back pain. Therefore, this request is not medically necessary.

Right L4-L5 facet rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 02/13/14) Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

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Left L5-S1 facet rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 02/13/14) Facet joint diagnostic blocks (injections).

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. Criteria state that 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. 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. 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 presents with constant low back pain radiating into both lower extremities with numbness and tingling to the feet. Clinical exam findings are consistent with radiculopathy. There is no lumbar radiographic or imaging reports submitted for review. There is anecdotal report of long-term benefit but no detailed evidence of improvement in VAS score, decreased medications, or documented improvement in function. Additionally, guidelines do not recommend facet joint rhizotomy for patients with radicular low back pain. Therefore, this request is not medically necessary.

Right L5-S1 facet rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 02/13/14) Facet joint diagnostic blocks (injections).

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