

Case Number:	CM15-0163899		
Date Assigned:	09/01/2015	Date of Injury:	06/20/2000
Decision Date:	10/05/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 50 year old female sustained an industrial injury to the neck and low back on 6-20-00. Magnetic resonance imaging lumbar spine (10-21-13) showed degenerative disc disease at L4-5 with mild foraminal stenosis at right L4-5 and lumbar facet arthropathy at L5-S1. Previous treatment included epidural steroid injections, injections, psychiatric care and medications. In a PR-2 dated 7-7-15, the injured worker complained of persistent neck pain, rated 5 to 6 out of 10 with radiation down bilateral upper extremities associated with numbness, tingling and cramping and low back pain rated 6 to 7 out of 10 with radiation down bilateral lower extremities associated with numbness, tingling and cramping. Physical exam was remarkable for lumbar spine with tenderness to palpation at bilateral lumbar paraspinal musculature with diffuse tenderness to palpation to the lumbar area, decreased extension, 4 out of 5 strength at the left extensor hallucis longus, decreased sensation at the left L5 dermatome and positive facet challenge of the left lumbar spine. Current diagnoses included lumbar spine radiculopathy, lumbar facet arthropathy, diabetes mellitus and Barrett's esophagus. The treatment plan included following up with her psychiatrist, medications (Celebrex and Lyrica) and requesting authorization for radiofrequency rhizotomy at left L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency rhizotomy left, L4-L5 and L5-S1: 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 (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: ODG 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." The treating physician documents that the patient had a "positive medial branch block", however the medical documentation provided does not quantify the results to meet the above guidelines. As such, the request for Radiofrequency rhizotomy left, L4-L5 and L5-S1 is not medically necessary.