

Case Number:	CM15-0166068		
Date Assigned:	09/03/2015	Date of Injury:	03/09/2012
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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 59-year-old male who sustained an industrial injury on 3/9/12. The mechanism of injury was not documented. The 7/20/15 treating physician visit note indicated that the injured worker underwent facet joint rhizotomy in March 2014 with dramatic symptomatic relief (greater than 90%) of his low back symptoms for at least 12 months. He presented with significant limitations in lumbar extension, T12-L5 facet tenderness, and moderate muscle tightness. There was no evidence of neurologic compromise. Imaging last year showed some degree of upper lumbar spinal stenosis with facet arthropathy at multiple levels. The diagnoses included lumbosacral spondylosis, lumbar disc displacement without myelopathy, lumbar degenerative disc disease, and cervical degenerative disc disease. Authorization was requested for bilateral facet rhizotomy at the levels of T12/L1, L1/2, L3/4 and L4/5 under fluoroscopy. The 7/29/15 utilization review non-certified the request for bilateral facet rhizotomy at the levels of T12/L1, L1/2, L3/4 and L4/5 under fluoroscopy as this request exceeded guideline recommendations for no more than 2 joint levels to be performed at one time. The 8/12/15 treating physician appeal report indicated that the injured worker had significant back discomfort. In the past, thoracolumbar facet injections had given him greater than 90% symptomatic improvement. He was not a surgical candidate. The injured worker had thoracolumbar facet joint tenderness, muscle tightness, and limitation in lumbar extension. Appeal was requested for facet joint rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Rhizotomy at the Levels of T12-L1, L1-L2, L3-L4, and L4-L5 under Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic, 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 and no more than 2 joint levels are to be performed at one time. If different levels require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. 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. Guideline criteria have not been met. This injured worker presents with low back pain. Clinical exam findings are consistent with imaging evidence of multilevel facet arthropathy and facet joint pain generation. He underwent prior facet joint rhizotomy with excellent benefit lasting 12 months. However, this request exceeds guideline recommendations for rhizotomy limited to 2 joint levels at a time. There is no compelling rationale presented to support an exception to guidelines. There is no documented reason why neural blockade could not be performed as a staged procedure, not to exceed 2 joint levels at a time. Therefore, this request is not medically necessary.