

Case Number:	CM15-0181523		
Date Assigned:	09/22/2015	Date of Injury:	12/04/2003
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/15/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 4, 2003. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for a multilevel medial branch rhizotomy procedure. The claims administrator referenced an August 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 14, 2015, the applicant reported ongoing complaints of low back pain. The applicant is status post a recent sacroiliac joint injection on June 5, 2015, it was reported. 7-8/10 low back pain complaints were reported. The applicant was on Hysingla, Norco, tramadol, Lyrica, Flexeril, diclofenac, Lunesta, Prilosec, and Neurontin. The applicant reported burning lower extremity paresthesias in another section of the note. 5- to 5/5 lower extremity motor function was reported, apparently secondary to pain. A multilevel medial branch block rhizotomy procedure was sought while Neurontin, tramadol, Lunesta, Norco, and Lyrica were prescribed. The applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right L5, S1, S2, S3 and S4 medial branch block with 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, Low Back, Hip & Pelvis.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 619.

Decision rationale: No, the request for a multilevel lumbar medial branch block rhizotomy procedure was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, facet neurotomies, i.e., the article at issue, should be performed only in applicants who have undergone earlier [diagnostic] medial branch blocks. Here, however, the attending provider's August 14, 2015 office visit and an RFA form of that date made no explicit mention of the applicant having received an earlier diagnostic medial branch block. While the Third Edition ACOEM Guidelines Low Back Chapter acknowledges that there is no recommendation for or against usage of rhizotomy procedures for applicants with chronic low back pain confirmed with diagnostic blocks who do not have radiculopathy, here, however, the applicant was described on August 14, 2015 as exhibiting ongoing complaints of lower extremity paresthesias which were suggestive or evocative of an active lumbar radiculitis process. The applicant was seemingly using Lyrica and gabapentin, anticonvulsant adjuvant medications, for the same. The Third Edition ACOEM Guideline further notes that there is no recommendation for or against usage of rhizotomy procedures in the treatment of chronic low back pain without radiculopathy in individuals who have undergone precursor diagnostic blocks but qualifies its position by noting that rhizotomy procedures are not recommended for all other low back pain conditions. Here, thus, the request for a multilevel medial branch block rhizotomy procedure was at odds with both the MTUS Guideline in ACOEM Chapter 12, page 301 and with page 619 of the Third Edition ACOEM Guidelines Low Back Disorders Chapter. Therefore, the request was not medically necessary.