

Case Number:	CM15-0183924		
Date Assigned:	09/24/2015	Date of Injury:	08/01/1998
Decision Date:	10/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 68 year old female, who sustained an industrial injury on August 1, 1998. She reported shoulder pain, intractable low back pain with stiffness and muscle spasms, bilateral buttock pain, hip pain and bilateral groin pain. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar facet syndrome, lumbar spondylosis, failed conservative treatment, chronic pain syndrome, septic arthritis of the right hip, status post treatment, left shoulder bursitis and constipation. Treatment to date has included diagnostic studies, long term hospital stay, intravenous antibiotics, narcotic infusion pump, physical therapy rehabilitation, medications and activity restrictions. Currently, the injured worker continues to report intractable low back pain with stiffness and muscle spasms, bilateral buttock pain and bilateral groin pain. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. Rehabilitation discharge summary on February 27, 2015, revealed she had a prolonged stay with a lot of pain issues. Evaluation on March 17, 2015, revealed continued pain as noted. She rated her pain at 8-9 on a 1-10 scale with 10 being the worst and noted the medications were only providing minimal benefit. The operative report on April 10, 2015, revealed the injured worker underwent bilateral lumbar facet intra-articular injection under fluoroscopy. She underwent removal and replacement of a narcotic pain pump on May 6, 2015. Evaluation on August 11, 2015, revealed continued pain as noted rated at 8-9 on a 1-10 scale with the use of medications. She noted the pain was affecting her sleep and making it difficult to perform activities of daily living. The RFA included requests for bilateral lumbar Facet medial Branch Neurotomy L3-L4 and L4-5 and was non-certified on the utilization review (UR) on August 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar Facet medial Branch Neurotomy L3-L4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Physical Methods, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 36.

Decision rationale: According to the guidelines, 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. In this case, the claimant received the prior RFA in April 2015. Although, the claimant has pain and benefited 50%, 6 months had not elapsed. In addition, the ACOEM guidelines do not recommend invasive procedures due to their short-term benefit. The ODG guidelines consider RFA under study. The request for an additional Neurotomy was not medically necessary.