

Case Number:	CM15-0184770		
Date Assigned:	09/25/2015	Date of Injury:	09/18/2005
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: Connecticut, California, Virginia

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 injured worker is a 51 year old male who sustained an industrial injury on 09-18-2005. Current diagnoses include facet degeneration of lumbar spine and degenerative spondylolisthesis. Report dated 08-10-2015 noted that the injured worker presented with complaints that included chronic low back pain. Pain level was not included. Physical examination performed on 08-10-2015 revealed no gross motor deficits, significant facet arthrosis, tenderness over the lateral masses, and no radicular abnormalities. Previous diagnostic studies were not included. Previous treatments included medication. The treatment plan included recommendation for facet blocks followed by potentially a radiofrequency procedure, prescribed anti-inflammatory therapy, which he has been using chronically, and counseled regarding activity modification, medication management, and home exercises. The utilization review dated 09-08-2015, non-certified the request for medial branch block, bilateral lumbar L3, L4, L5, outpatient and rhizotomy, bilateral lumbar L3, L4, L5, outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block, Bilateral Lumbar L3, L4, L5, outpatient: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back, facet joint diagnostic blocks.

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. In this case, the provided documents provide no level of adequate history indicating certainty as to failed treatment or adequate physical exam findings to warrant the procedure. Therefore, the request cannot be considered medically necessary at this time based on the provided records.

Rhizotomy, Bilateral Lumbar L3, L4, L5, outpatient: 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 - Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, Facet joint radiofrequency neurotomy.

Decision rationale: As the California MTUS does not specifically discuss rhizotomies in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to the procedure, treatment requires a diagnosis of facet joint pain using a medial branch block as described in the ODG. The ODG lists several additional criteria for consideration, including no more than two levels are to be performed at one time, and there should be evidence of a formal plan of additional evidence-based conservative care in addition to the procedure. The provided documents do not provide sufficient evidence meeting these criteria, and therefore the request cannot be considered medically necessary at this time.