

Case Number:	CM15-0186563		
Date Assigned:	09/28/2015	Date of Injury:	04/30/2004
Decision Date:	11/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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 66-year-old male who sustained an industrial injury on 4/30/04. The mechanism of injury was not documented. Past surgical history was positive for L5/S1 discectomy in the early 1980s. The 8/21/15 treating physician report cited complaints of back and bilateral leg pain. Physical exam documented pain on lumbar range of motion, especially in extension with positive right straight leg raise, 1+ and symmetrical lower extremity deep tendon reflexes, and adequate overall sensation testing. Exam was indicative of some right leg radiculitis. X-rays showed degeneration at L5/S1 with loss of disc height, and significant degenerative changes at the L4/5 level as well. The diagnosis was chronic lower back pain with history of previous L5/S1 discectomy. He had significant disc degeneration at L4/5 and L5/S1 causing increased right leg pain, with significant signs of radiculopathy. He had an epidural steroid injection on 7/15/15 with some benefit. The most definitive procedure would be a lumbar decompression and fusion. The possibilities of rhizotomies were also considered. Authorization was requested for rhizotomy at L3/4 and L4/5. The 9/15/15 utilization review non-certified the request for rhizotomy at L3/4 and L4/5 as there was no evidence that the injured worker had undergone successful electrodiagnostic medial branch blocks and current radiculopathy would be a relative contraindication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy on the L3, L4 and L4, L5: 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 diagnostic blocks (injections); 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. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommended facet joint diagnostic blocks for patients with radicular low back pain or for patients in whom a surgical procedure is anticipated. Guideline criteria have not been met. This injured worker presents with low back pain with lower extremity radiculopathy, which is a relative contraindication for rhizotomy. Clinical exam findings do not clearly evidence primarily facet-mediated pain, and surgical intervention in the form of decompression and fusion has been discussed as a treatment option. There is no evidence that lumbar medial branch blocks have been completed and provided guideline-required positive response. Therefore, this request is not medically necessary.