

Case Number:	CM15-0190917		
Date Assigned:	10/05/2015	Date of Injury:	12/21/2001
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 55 year old female who sustained an industrial injury on 12-21-2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disease and lumbar facet syndrome. According to the progress report dated 8-25-2015, the injured worker complained of low back pain rated 4 out of 10 described as dull with sciatica type symptoms. She underwent bilateral L3 to L5 medial branch block injections associated with L4- L5 and bilateral L5-S1 facets on 7-20-2015. She reported 80% relief for the duration of the local anesthesia. She reported that for the first week, she had increased range of motion and was able to walk around two blocks for 30 minutes without excruciating pain. The physical exam (8-25- 2015) revealed a wide based gait. Heel-toe walk was performed with difficulty secondary to low back pain. There was diffuse tenderness noted over the lumbar paravertebral musculature. There was facet tenderness noted at L3 through S1. There was evidence of positive Kemp's test bilaterally and Farfan test. Treatment has included physical therapy, chiropractic treatment, home exercise program and medications. The original Utilization Review (UR) (9-17-2015) denied a request for bilateral L3 to L5 facet rhizotomy-neurolysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3 to L5 Facet Rhizotomy/Neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Bac.

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, Facet joint radiofrequency neurotomy, rhizotomy.

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.