

Case Number:	CM15-0192635		
Date Assigned:	10/06/2015	Date of Injury:	02/24/1999
Decision Date:	11/13/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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: California

Certification(s)/Specialty: Emergency 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 60 year old man sustained an industrial injury on 2-24-1999. Diagnoses include lumbago, degenerative disc disease of the lumbosacral region, sacroiliitis, failed back surgery-post-laminectomy surgery syndrome of the lumbar region, and radicular syndrome of the thoracic and lumbosacral regions. Treatment has included oral and topical medications, surgical intervention, lumbar rhizotomy one year ago that provided 50-80% relief until two months ago, and physical and aquatic therapy thirteen years ago. Physician notes dated 9-4-2015 show complaints of low back pain rated 3-6 out of 10. The physical examination shows no paracervical muscle tenderness, "decreased range of motion across all planes" of the lumbar spine without measurements, increased pain with extension and rotation, bilateral paraspinal tenderness, negative bilateral straight leg raise, mild mid lumbar pain, minimal sacroiliac joint tenderness, normal strength, reflexes, and sensation. Recommendations include bilateral lumbar rhizotomy to L2, L3, and L4, Neurontin, and follow up in two months. Utilization Review denied a request for bilateral rhizotomies of L2, L3, and L4 on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2, L3, L4 Rhizotomy: Overturned

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

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 (Acute & Chronic) Radio-Frequency Ablation.

Decision rationale: The requested Bilateral L2, L3, L4 Rhizotomy, is medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Chapter, Pages 300-301, note that lumbar facet neurotomies produce mixed results and should be performed only after medial branch blocks. Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Radio-Frequency Ablation, recommend facet neurotomies if successful diagnostic medial branch blocks (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive); No more than 2 joint levels may be blocked at any one time. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. The injured worker had lumbar rhizotomy one year ago that provided 50-80% relief until two months ago, and physical and aquatic therapy thirteen years ago. Physician notes dated 9-4-2015 show complaints of low back pain rated 3-6 out of 10. The physical examination shows no paracervical muscle tenderness, "decreased range of motion across all planes" of the lumbar spine without measurements, increased pain with extension and rotation, bilateral paraspinal tenderness, negative bilateral straight leg raise, mild mid lumbar pain, minimal sacroiliac joint tenderness, normal strength, reflexes, and sensation. The treating physician has documented sufficient criteria of a positive response from previous rhizotomy to establish the medical necessity for a repeat procedure. The criteria noted above having been met, Bilateral L2, L3, L4 Rhizotomy is medically necessary.