

Case Number:	CM15-0199939		
Date Assigned:	10/15/2015	Date of Injury:	01/26/2012
Decision Date:	11/30/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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: Colorado

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 52 year old, female who sustained a work related injury on 1-26-12. A review of the medical records shows she is being treated for low back pain. In the progress notes dated 9-3-15, the injured worker reports low back pain with associated stiffness. She rates her pain level a 7 out of 10. She has had "good benefit" with sacroiliac injections. On physical exam dated 9-3-15, she has tenderness to palpation of lumbar paraspinal muscles. She has tenderness over the sacroiliac joints, worse on left side. Motor strength and sensation are normal. Treatments have included sacroiliac injections, oral medications, physical therapy and pool therapy. Current medications include Norco (5-325mg, 1 tablet a day), Voltaren, Flexeril, Movantik, and others. She is working modified duty. The treatment plan for this visit is to continue Norco and a return to work with modified duty. In the Utilization Review dated 10-2-15, the requested treatment of radiofrequency rhizotomy bilateral L5, S1 and S2 x 1 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency rhizotomy bilateral L5, S1, S2 x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: Radiofrequency Ablation.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The MTUS Guidelines do not specifically address Radiofrequency Neurotomy/Rhizotomy so the Official Disability Guidelines (ODG) and the ACOEM were consulted. The ACOEM Guidelines point out the paucity of research available to support the use of lumbar neurotomy/rhizotomy, and indicate that the procedure may only be considered after positive response to medial branch blocks. No specifics are provided in the ACOEM. While the ODG does not specifically recommend for or against neurotomy/rhizotomy due to ongoing research. Per the ODG, specific criteria must be met for approval of neurotomy/rhizotomy including: 1) Diagnosis of facet joint pain. 2) Evidence of adequate attempt at diagnostic facet blocks with Improvement in visual analog scale scores and Improvement in function. 3) No more than 2 levels treated at one time. 4) If treating 2 regions, should be performed at least 1 week apart, 2 weeks apart preferred. 5) Facet joint therapy should be accompanied by a comprehensive rehabilitation plan. 6) Repeat neurotomy/rhizotomy, if required, should not be performed more often than every 6 months. Repeat neurotomy/rhizotomy is only indicated if initial achieves 12 weeks of 50% or more relief of symptoms. For the patient of concern, the record does not indicate physical findings consistent with facet related pain. The records indicate patient participated in physical therapy and pool therapy, but there is no documentation of the outcome of those therapies (thus no documented failure). There is no documentation that additional rehabilitative therapies are to be used in conjunction with the planned neurotomy/rhizotomy. The requested procedure involves 3 levels. Based on the above information in the record, the patient has not met the criteria to proceed with radiofrequency neurotomy/rhizotomy, and the number of levels requested for procedure exceed recommended number of levels, so the request for radiofrequency rhizotomy bilateral L5, S1, S2 is not medically indicated.