

Case Number:	CM15-0207043		
Date Assigned:	10/23/2015	Date of Injury:	05/03/1994
Decision Date:	12/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59 year old female, who sustained an industrial injury on May 3, 1994. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar post-laminectomy syndrome, anxiety state, insomnia and depressive disorder. Treatment to date has included diagnostic studies, medication, injections and multiple medial branch blocks with "excellent relief." Left L2-L3 and right L2-L3 medial branch blocks performed on February 2, 2015 were reported to provide relief for four months. Past lumbar epidural steroid injections were noted to "greatly reduce the pain." She reported that she was able to increase the amount of walking, decrease her medication use and had a slight improvement in sleep and waking up less. On September 5, 2014, an MRI of the lumbar spine showed status post decompression at L4 through S1. There was an unenhancing collection in the anterior epidural space extending from the level of the L4-L5 disc to the inferior aspect of the L5 vertebral body which was noted to most likely represent a small postoperative fluid collection. There was a very mild degenerative change noted at L3-L4. There was also myomatous involvement of the uterus and small hyperintensity of the right kidney that was noted to likely be a small cyst. On September 9, 2015, the injured worker complained of increasing low back pain with some radiation into the left lower extremity. She described a shooting pain in her back and constant pain in the bilateral posterior legs to the ankles. The pain was rated an 8 on a 1-10 pain scale. Physical examination revealed marked loss of lumbar motion with significant tenderness to palpation of her lumbar spine. Her lumbar pain was noted

to be increased with lumbar extension. She was noted to remain with a serious complex chronic pain condition that had worsened. The treatment plan included bilateral L2-L3 facet rhizotomy, given the denial of bilateral medial branch blocks at the same level. Another treatment note, on the same date, stated that a rhizotomy would be difficult due to her anatomy. On September 21, 2015, utilization review denied a request for right L2-L3 facet rhizotomy and left L2-L3 facet rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2-L3 facet rhizotomy quantity requested: 1: 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, References. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: ACOEM states "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." ODG states, "Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." The medical documentation provided indicate this patient would not be a good candidate for the requested procedure due to patient's anatomy. The treating physician has not provided documentation to meet the above guidelines. As such, the request for Right L2-L3 facet rhizotomy quantity requested: 1 is not medically necessary at this time.

Left L2-L3 facet rhizotomy quantity requested: 1: 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, References. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: ACOEM states "There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." ODG states, "Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." The medical documentation provided indicate this patient would not be a good candidate for the requested procedure due to patient's anatomy. The treating physician has not provided documentation to meet the above guidelines. As such, the request for Left L2-L3 facet rhizotomy quantity requested: 1 is not medically necessary at this time.