MAXIMUS Federal Services

Case Number:	CM15-0020082		
Date Assigned:	02/13/2015	Date of Injury:	05/23/2006
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old male, who sustained an industrial injury on 05/23/2006. He has reported subsequent low back pain and was diagnosed with lumbar stenosis, lumbosacral disc degeneration, lumbago and lumbar and thoracic radiculitis. Treatment to date has included oral pain medication, medial branch blocks and facet injections. In a progress note dated 12/18/2014, the injured worker complained of continued low back pain that was rated as 3/10. Objective physical examination findings were notable for bilateral lumbar paraspinal tenderness and reduced lumbar range of motion. The physician noted that the injured worker had medial branch blocks of bilateral L3-L4 and L4-L5 with 80% relief after the injections which was short-lived. A request for authorization of bilateral L3, L4, L5 Rhizotomy under fluoroscopy was made. On 01/12/2015, Utilization Review non-certified a request for bilateral L3, L4, L5 Rhizotomy under fluoroscopy, noting that the documentation did not support that the injured worker had a positive medial branch block at the L5-S1 level and that therefore a radiofrequency ablation procedure targeting the medial branch nerve which innervate this level is not supported. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5 Rhizotomy Under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary last updated 11/21/2014, Criteria for facet joint radio frequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections) (2) Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy

Decision rationale: The claimant has a history of a work injury occurring in may 2006. He underwent lumbar medial branch blocks at L3/4 and L4/5 with reported 80% pain relief after the procedure consistent with a positive diagnostic response.The diagnostic medial branch block procedure that was done tested the L3/4 and L4/5 levels. Each level tested is blocked at tat level and the one above due to the innervation of the facet joints. In this case, based on the information provided, bilateral L2, L3, and L4 medial branch blocks produced this positive diagnostic response. However, what is being requested is bilateral lumbar facet rhizotomy at the L3, L4, and L5 levels which does not correspond with the levels during the diagnostic block. Therefore, this request is not medically necessary.