

Case Number:	CM15-0212856		
Date Assigned:	11/02/2015	Date of Injury:	03/14/2012
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/28/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 male with an industrial injury date of 03-14-2012. Medical record review indicates he is being treated for lumbar sprain, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, chronic pain, lumbosacral radiculitis, lumbar facet joint pain, myalgia and myositis and chronic pain syndrome. Subjective complaints (09-18-2015) included a history of lumbar facet osteoarthritis and degenerative disc disease. His pain without medications was rated as 4-5 out of 10 and 3 out of 10 with medications. The injured worker noted his last injection on 02-10-2015 was over 60% effective, lasting up to present. "He has good pain control with last procedure, enabling him to fulfill his duties at work." "Patient reports that the benefit of chronic pain medication regimen, activity restriction and rest continue to keep pain within a manageable level to allow patient to complete necessary activities of daily living and to continue working 40 hours a week." In regards to activities of daily living the injured worker reported that pain moderately affected his relationships, mood, sleeping patterns, work-concentration and his overall functioning. Current medications (09-18-2015) included Ultram and Celebrex. Prior treatments included trigger point injections, heat, ice, rest and gentle stretching exercises. Objective findings (09-18-2015) included moderate tenderness and severe spasm across the lumbosacral area at the lumbar 4-5 levels bilaterally. There was a 60% restriction of extension. Flexion was 10% restricted. Motor weakness in the left lower extremity was noted. MRI of the lumbar spine dated 04-27-2015 was read as: Lumbar 4-5 mild broad slightly right lateralizing disc protrusion, "What I have labeled lumbar 5 is a transitional lumbosacral junction vertebra." On 10-14-2015 the request for cervical radiofrequency,

rhizotomy lumbar 4-5 and lumbar 5-sacral 1 was modified to radiofrequency rhizotomy bilateral at lumbar 4-5 and lumbar 5-sacral 1 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Radiofrequency, Rhizotomy L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The injured worker has a history of chronic low back pain for which radiofrequency rhizotomy has been performed on multiple occasions. The MRI of the lumbar spine dated 4/27/2015 indicates that the facet joints at all levels in the lumbar spine appear unremarkable. The significant finding was the presence of disc degeneration and a mild broad based slightly right lateralizing disc protrusion at L4-5. There was mild osteophytic ridging. This expanded to 3.8 mm behind the posterior intervertebral line. This created mild central spinal canal and mild bilateral recess stenosis. The disc material extended into the neural foramina but the neural foramina were considered small rather than stenotic. California MTUS guidelines indicate there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine produces good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case utilization review has certified lumbar facet rhizotomies bilaterally at L4-5 and L5-S1. The request as stated on the request for authorization dated 9/18/2015 is for "Cervical radiofrequency rhizotomy bilateral L4-5, L5-S1." A review of the medical records does not indicate subjective complaints pertaining to the cervical spine for which radiofrequency rhizotomy may be indicated. Furthermore the cervical levels are not listed and medial branch blocks have not been performed in the cervical spine. As such, the request for cervical radiofrequency rhizotomy is not supported and not medically necessary.