

Case Number:	CM15-0214033		
Date Assigned:	11/03/2015	Date of Injury:	05/30/2014
Decision Date:	12/16/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/30/2015

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: 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 25 year old female, who sustained an industrial injury on 05-30-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbosacral sprain. Medical records (01-19-2015 to 10-12-2015) indicate ongoing and worsening low back pain. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Records did not address activity levels or level of functioning. Per the treating physician's progress report (PR), the IW could return to work without restrictions; however, the IW just had a baby and is going back to school. The physical exam, dated 10-12-2015, revealed restricted range of motion in the lumbar spine with flexion and extension, tenderness over the paralumbar extensors and facet joints, and positive lumbar facet loading maneuvers bilaterally. Relevant treatments have included: lumbar medial branch blocks, cold therapy, exercises and stretching, work restrictions, and medications. The treating physician indicates that that a lumbar rhizotomy had previously authorized and had been planned post-delivery. A MRI of the lumbar spine (09-2014) was available for review and showed L5-S1 diffuse posterior disc bulge with minimal displacement of the traversing right S1 nerve, and L4-5 disc desiccation and posterior disc bulge with slight desiccation and mild annulus bulging at L3-4. The request for authorization (10-12-2015) shows that the following treatment was requested: bilateral L4-L5 and L5-S1 medial branch neurotomy. The original utilization review (10-21-2015) non-certified the request for bilateral L4-L5 and L5-S1 medial branch neurotomy times 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 medial branch neurotomy times 4: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in May 2014 when she had low back pain while lifting. She underwent lumbar medial branch blocks on 12/02/14 with a reported near complete elimination of back pain after the procedure. She was approved for facet rhizotomy but was unable to undergo the procedure when she became pregnant. When seen, she had delivered in July 2015. She had axial low back pain which had increased. Physical examination findings included lumbar extensor and facet tenderness. Facet loading was positive. Authorization for facet rhizotomy was requested. Guidelines recommend that no more than one set of medial branch diagnostic blocks be performed prior to facet neurotomy. A positive response to a diagnostic block includes a response of at least 70% pain relief lasting at least 2 hours for Lidocaine. In this case, the claimant has already undergone a positive diagnostic block and can proceed to medial branch radiofrequency ablation treatment. She has ongoing axial low back pain with physical examination consistent with facet-mediated pain. The request is within guideline recommendations and is medically necessary.