

Case Number:	CM15-0216636		
Date Assigned:	11/06/2015	Date of Injury:	05/26/2012
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/03/2015

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: Pennsylvania

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 an industrial injury on 5-26-12. A review of the medical records indicates she is undergoing treatment for osteoarthritis of the knee, arthropathy of the lumbar facet joint, psychophysiological disorder, and lumbosacral radiculitis. Medical records (8-25-15, 9-21-15, 9-22-15, 9-29-15, 10-19-15, and 10-23-15) indicate ongoing complaints of bilateral low back pain with radiation to the left L5, S1 distribution. The 9-21-15 record indicates left lower extremity pain on the lateral side of the leg to the level of the foot. The 8-25-15, 9-22-15, and 10-23-15 records indicate complaints of right lower extremity weakness, numbness, and tingling. She has rated her pain "7-9 out of 10". The physical exam (10-23-15) reveals an antalgic gait favoring the left side. The provider indicates that the myoclonus reflex is "absent throughout". The 10-19-15 physical exam reveals tenderness in the left lumbosacral region "somewhat left posterior greater trochanter and sciatic". Muscle testing reveals "5 out of 5" strength in the hip flexors. The sitting straight leg raise gives "some aching down the leg". Diagnostic studies have included and MRI of the lumbar spine and an EMG-NCV study of bilateral lower extremities. Treatment has included rest, use of heat, massage therapy, stretching exercises, oral and topical medications, bilateral L3, L4, and L5 medial branch blocks, trigger point injections, and modified work activity. She reports difficulty with walking for longer than 15-30 minutes, as well as shopping and "vigorous" activities. The treatment plan includes continuation of medications, physical therapy, and a bilateral L3, L4, and L5 radiofrequency ablation. The utilization review (10-28-15) includes a request for authorization of a lumbar facet neurotomy. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet neurotomy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of facet joint radiofrequency neurotomy; criteria for the use of diagnostic blocks for facet "mediated" pain and on the Non-MTUS ASIPP Guidelines.

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/Facet joint diagnostic blocks (injections) Low Back/Facet joint radiofrequency neurotomy.

Decision rationale: According to the ODG, treatment with facet joint radiofrequency neurotomy requires a diagnosis of facet joint pain using a medical branch block. If successful, treatment may proceed to facet neurotomy at the diagnosed levels. One set of medical branch blocks is required with a response of $\geq 70\%$ and the pain response should last at least 2 hours for lidocaine. This worker had diagnostic lumbar medial branch block of L3-4 and L4-5 on 10/12/15. According to the physician progress note of 10/26/15, this worker had approximately 100% relief of her left sided pain with the medial branch blocks. ODG criteria have been satisfied to proceed with facet neurotomy. Therefore, the requested treatment is not medically necessary.