

Case Number:	CM15-0031511		
Date Assigned:	02/24/2015	Date of Injury:	03/26/2008
Decision Date:	04/17/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 56-year-old female, who sustained an industrial injury on 3/26/08. She has reported neck, back, shoulders and left knee pain. The diagnoses have included lumbar musculoligamentous sprain/strain with left lower radiculitis and facet changes at L4-5 and 3 mm disc bulge and stenosis at L3 through L5, left hand flexor tenosynovitis in second, third and fourth digit, cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis and right wrist sprain/strain secondary to cane use. Treatment to date has included medial branch facet Rhizotomy, left shoulder arthroscopy, left knee arthroscopy, physical therapy, home exercise program and oral medications. Ultrasound of bilateral knees was performed on 11/5/14 and revealed intact menisci with no recurrent tears, distal patellar tendon attachment tibial tuberosity partial thickness tear with an avulsion fracture and right knee comparison revealed medial meniscus degeneration. Currently, the injured worker complains of low back pain with radiation to the left calf with numbness and tingling. On 12/31/15, the injured worker stated 70% improvement in pain and symptoms with prior Synvisc injections. The lumbar spine was noted to be tender on palpation with spasm over the paraspinal musculature and there was limited range of motion of lumbar spine. On 2/6/15 Utilization Review non-certified bilateral L5-S1 medial branch facet Rhizotomy and bilateral L4-5 medial branch facet Rhizotomy, noting it is not reasonable to attempt a second procedure n an injured worker for whom the first month after the procedure received no relief. The MTUS, ACOEM Guidelines, (or ODG) were cited. On 2/17/15, the injured worker submitted an application for IMR for

review of bilateral L5-S1 medial branch facet Rhizotomy and bilateral L4-5 medial branch facet Rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 medial branch facet rhizotomy; QTY:1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines, 3rd Edition, 2011; Low Back Disorders, page 169.

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 radiofrequency neurotomy.

Decision rationale: The progress note dated January 20, 2015 indicates that the injured employee has had a previous facet joint rhizotomy performed on July 21, 2014 with a significant decrease in pain. The injured employee had received approximately 78 - 80% pain relief for seven months time. However, another progress note dated September 2, 2014 states that the injured employee had no relief for the first month after this procedure, and the UR physician noted that they felt it was unclear why there is this discrepancy the medical record. It is common and reasonable for pain to persist or worsen in the first 4-6 weeks after rhizotomy. Considering this information with the subsequent benefit which meets guideline criteria for repeat procedure, this request for a repeat facet branch rhizotomy is medically necessary.

Bilateral L4-L5 medial branch facet rhizotomy; QTY:1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines, 3rd Edition, 2011; Low Back Disorders, page 169.

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 radiofrequency neurotomy.

Decision rationale: The progress note dated January 20, 2015 indicates that the injured employee has had a previous facet joint rhizotomy performed on July 21, 2014 with a significant decrease in pain. The injured employee had received approximately 78 - 80% pain relief for seven months time. However, another progress note dated September 2, 2014 states that the injured employee had no relief for the first month after this procedure, and the UR physician noted that they felt it was unclear why there is this discrepancy the medical record. It is common and reasonable for pain to persist or worsen in the first 4-6 weeks after rhizotomy. Considering this information with the subsequent benefit which meets guideline criteria for repeat procedure, this request for a repeat facet branch rhizotomy is medically necessary.