

Case Number:	CM15-0037446		
Date Assigned:	03/05/2015	Date of Injury:	10/15/2010
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old female who reported an injury on 10/15/2010. The mechanism of injury involved a motor vehicle accident. The injured worker is currently diagnosed with low back pain and bilateral lower extremity radiculopathy. On 02/02/2015, the injured worker presented for a follow-up office visit. The injured worker reported right greater than left leg pain. Previous conservative treatment includes medications and TENS therapy. The injured worker had been utilizing Voltaren gel, Soma, and Norco. It was also noted that the injured worker reported 60% relief with a previous bilateral L4-5 block. Unfortunately, physical therapy and occupational therapy increased her pain and she has not completed a course of treatment since 09/2014. Given the significant relief from the facet injection, an L4-5 bilateral rhizotomy was recommended. A Request for Authorization form was then submitted on 02/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Rhizotomy at bilateral L4-5 x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, page 300-301 Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In this case, it was noted that the injured worker was previously treated with a bilateral L4-5 facet injection. However, there was no documentation of objective functional improvement. There was no physical examination provided on the requesting date. Therefore, there is no objective evidence of facet mediated pain. The injured worker has been diagnosed with bilateral lower extremity radiculopathy, and presents on 02/02/2015 with complaints of right lower extremity pain. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.