

Case Number:	CM15-0038552		
Date Assigned:	03/09/2015	Date of Injury:	07/02/2011
Decision Date:	05/12/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/02/2015

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 34 year old female, who sustained an industrial injury on July 2, 2011. The diagnoses have included lumbar spine sprain/strain radicular pain left lower extremity, right hip arthritis and left ankle pain. Treatment to date has included lumbar spine facet block on October 20, 2014. Currently, the injured worker complains of left hip pain, the document is handwritten and not all is legible. In a progress note dated January 16, 2015, the treating provider reports lumbar spine tenderness, left hip tenderness the rest of the examination is not all legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 rhizotomies/neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Online Edition Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint/ radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301.

Decision rationale: California MTUS guidelines indicate 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. Lumbar facet neurotomies reportedly produce mixed results. The documentation includes a 10/28/2014 operative report pertaining to medial branch blocks at 3 levels on each side performed under sedation using 1 cc of Marcaine for each level. The criteria for use of diagnostic blocks for facet mediated pain indicate no IV sedation should be used as it may be grounds to negate the results of a diagnostic block. Not more than 0.5 cc of injectate should be given to each joint. No more than 2 levels should be done at one time. Therefore the results of the procedure of 10/28/2014 were not valid. ODG guidelines indicate that facet joint radiofrequency neurotomy is under study and there is conflicting evidence as to the efficacy of the procedure. As such, the request for radiofrequency facet rhizotomies at L4-S1 levels bilaterally is not supported and the medical necessity of the request has not been substantiated.