

Case Number:	CM15-0040674		
Date Assigned:	03/10/2015	Date of Injury:	04/08/2001
Decision Date:	04/21/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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: Texas, Florida

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 45-year-old male who sustained a work related injury on April 8, 2001, where he incurred back injuries. He was diagnosed with lumbar spine musculoligamentous sprain with lumbar disc protrusions. Treatment included moist heat, bracing, Transcutaneous Electrical Nerve Stimulation (TENS) Unit and medications. Currently, the injured worker complained of low back pain that increases on bending. The pain score was reported as 4/10 with medications and 10/10 without medications. There was objective findings of tenderness over the lumbar facet levels and positive left SI joint provocative tests. Treatment included pain medication and continued use of the Transcutaneous Electrical Nerve Stimulation (TENS) Unit. He underwent a lumbar medial branch facet rhizotomy in March, 2104 that was followed by greater than 70% reduction in pain for more than 9 months. An authorization for the same treatment has been requested. A Utilization Review determination was rendered recommending bilateral L4-S1 medial branch facet rhizotomy/neurolysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L4-S1 medial branch facet rhizotomy/neurolysis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back Lumbar Facet.

Decision rationale: The CA MTUS did not address the use of lumbar facet procedures for the treatment of low back pain. The ODG guidelines recommend that lumbar facet procedures can be utilized for the treatment of non-radicular low back pain when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with facet generated low back pain. There is documentation of significant sustained pain relief, reduction in medications utilization and functional restoration following previous lumbar facet rhizotomies procedures. The criteria for bilateral L4 to S1 medial branch facet rhizotomies / neurolysis was met.