MAXIMUS Federal Services

Case Number:	CM15-0041282		
Date Assigned:	03/11/2015	Date of Injury:	04/06/2000
Decision Date:	05/05/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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: Internal Medicine, Hospice & Palliative Medicine

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 64 year old male with an industrial injury dated 04/06/2000. His diagnoses include post laminectomy syndrome, lumbar; unilateral inguinal hernia, chronic pain syndrome and facet joint disease. Prior treatment includes facet block, physical therapy and anti-inflammatory medications. He presents on 01/27/2015 with complaints of low back pain described as 3-7 out of 10. Physical exam noted palpable mild to moderate spasms in the lower lumbar paraspinal muscles. The injured worker was utilizing a four point cane. Facet blocks were done the prior week and the injured worker states it decreased his pain to where he was able to walk longer without stopping, has improved flexibility in the low back and is not bent over in the mornings when he gets out of bed. The provider documents there is improved range of motion in flexion, lateral bending and rotation since having the injection and requested bilateral facet rhizotomy of lumbar 3-4, lumbar 4-5 and lumbar 5-sacral 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet rhizotomy at L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Soloman M, et al. Radiofrequency treatment in chronic pain. Expert Rev Neurother. 2010; 10(3): 469-474. Medscape, accessed 05/01/2015. http://www.medscape.com/viewarticle/718292_3.

Decision rationale: The ACOEM Guidelines in general support the use of radiofrequency ablation for the temporary relief of pain in the upper back in some cases of those who responded well to an initial trial of a facet injection. There is limited literature to support this treatment. However, studies have shown mixed results from this treatment for the lower back, and the Guidelines in general do not support it in that setting, especially without investigational dorsal ramus medial branch diagnostic blocks performed first. The submitted and reviewed documentation indicated the worker was experiencing lower back pain. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for facet rhizotomies at both sides of the L3, L4, and L5 levels is not medically necessary.