

Case Number:	CM15-0050706		
Date Assigned:	03/24/2015	Date of Injury:	01/14/2013
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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: Internal 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 47 year old male, who sustained an industrial injury on 1/14/2013. He reported injury from a motor vehicle accident. The injured worker was diagnosed as having lumbar sprain, brachial neuritis/radiculitis, cervical radiculopathy and lumbosacral spondylosis without myelopathy. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, medial branch blocks and medication management. Currently, the injured worker complains of low back pain. In a progress note dated 1/7/2015, the treating physician is requesting bilateral lumbar Rhizotomy for lumbar 3-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar rhizotomy for L3, L4, L5 spine: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks), Facet joint medial branch blocks (therapeutic injections), Facet joint chemical rhizotomy, Facet joint radiofrequency neurotomy, Facet rhizotomy (radio frequency medial branch neurotomy). ACOEM 3rd Edition Low back disorders (2011) <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses facet joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) indicates that invasive techniques (e.g., local injections and facet joint injections of cortisone and Lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) indicates that facet joint injections are not recommended. Official Disability Guidelines (ODG) state that regarding facet joint radiofrequency neurotomy, facet rhizotomy, radiofrequency medial branch neurotomy, radiofrequency ablation (RFA), studies have not demonstrated improved function with these procedures. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. Official Disability Guidelines (ODG) indicate that facet joint chemical rhizotomy is not recommended. There are no studies. The procedure is considered experimental. Official Disability Guidelines (ODG) indicate that facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure. Studies have not demonstrated improved function. Facet joint radiofrequency neurotomy is also called facet rhizotomy, radiofrequency medial branch neurotomy, or radiofrequency ablation (RFA). ACOEM 3rd Edition (2011) indicates that radiofrequency neurotomy and facet rhizotomy are not recommended. ACOEM 3rd Edition (2011) indicates that radiofrequency neurotomy, neurotomy, and facet rhizotomy is not recommended. ACOEM 3rd Edition (2011) indicates that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. Medical records document a history of low back complaints. MTUS, ACOEM, and ODG guidelines do not support the request for bilateral L3, L4, L5 lumbar rhizotomy. Therefore, the request for bilateral L3, L4, L5 lumbar rhizotomy is not medically necessary.