

Case Number:	CM15-0050809		
Date Assigned:	03/24/2015	Date of Injury:	02/02/2010
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/18/2015

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, Indiana, New York
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 29 year old male, who sustained an industrial injury on February 2, 2010. He has reported back pain and bilateral leg pain. Diagnoses have included lumbar facet syndrome, bilateral sacroiliac joint dysfunction, and lumbosacral spine degenerative disc disease. Treatment to date has included medications, MMB, physical therapy, lumbar facet injections, sacroiliac joint injections, and acupuncture. A progress note dated February 10, 2015 indicates a chief complaint of pain. The treating physician documented a plan of care that included a bilateral lumbar rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar rhizotomy L4-L5, L5-S1, S1-S2, and S3-S4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lumbar rhizotomy.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lumbar rhizotomy at bilateral lumbar L4 - L5, L5 - S1, S1 - S2, and S3 - S4 is not medically necessary. Facet joint radiofrequency rhizotomy is under study. Conflicting evidence is available as efficacy of this procedure and approval should be made on a case-by-case basis. The criteria include treatment requires a diagnosis of facet joint pain using a medial branch block; while repeat neurotomies may be required, they should not occur at intervals less than six months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at greater than or equal to 50% relief. The literature does not support the procedure is successful without sustained pain relief generally of at six months duration. No more than three procedures should be performed in the year's period. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in the VAS scores, decreased medication and documented functional improvement; no more than two joint levels are to be performed at one time; and there should be evidence of a formal plan of additional evidence-based conservative care in addition to fast joint therapy. In this case, the injured worker's working diagnoses are L4 - L5, L5 - S1 facet syndrome aggravated; bilateral sacroiliac joint dysfunction; L4 - L5, L5 - S1 degenerative disc disease with bilateral L5 - S1 radicular pain. Documentation does not reflect the injured worker has focal facet mediated disease, but rather widespread lumbosacral pain at multiple levels responsible for multiple attempted forms of pain intervention. The guidelines state no more than two joint levels are to be performed at one time. The treating physician requested procedural injections at L4 - L5, L5 - S1, S1 - S2, and S3 - S4 (4 levels). Also, there should be no evidence of radicular pain, spinal stenosis or previous fusion. The documentation indicates the injured worker has radicular pain. Consequently, absent clinical documentation of non-radicular subjective and objective findings and a request in excess of more than two joint levels (at bilateral lumbar L4 - L5, L5 - S1, S1 - S2, and S3 - S4), bilateral lumbar rhizotomy at bilateral lumbar L4 - L5, L5 - S1, S1 - S2, and S3 - S4 is not medically necessary.