

Case Number:	CM15-0051197		
Date Assigned:	03/24/2015	Date of Injury:	04/22/2011
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 4/22/2011. She reported a fall while going up stairs with low back pain and left shoulder pain. Diagnoses include failed back syndrome, lumbar spondylosis, bilateral SI joint pain, right foot drop, depression and insomnia. Treatments to date include medication therapy, physical therapy, medial branch blocks, radiofrequency ablation with over 50% improvement of symptoms documented. Currently, they complained of increases in the intractable low back pain and lower extremity pain. The provider documented a gait abnormality with complaints of pins and needles in bilateral thighs. The plan of care included continuation of medication therapy and radiofrequency rhizotomy bilaterally at L1-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency rhizotomy at levels, L1-L2, L2-L3, L3-L4, L4-L5, L5-S1 bilaterally:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines low back chapter and pg.

Decision rationale: According to the guidelines, facet neurotomies (rhizotomies) are under study. Criteria for rhizotomies are as follows: Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 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 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the claimant had a medial branch block in August 2014 of L1-L2, L2-L3, L3-L4, L4-L5, L5-S1 along with L2 MBB in May 2014. There was a mention of 50% improvement each time. The interval of relief was brief between procedures. In addition, no more than 2 levels are indicated at each time. The claimant's dose of Norco did not decrease but in fact increased. The request for additional Rhizotomy is not medically necessary.