MAXIMUS Federal Services

Case Number:	CM15-0080783		
Date Assigned:	05/01/2015	Date of Injury:	09/19/2012
Decision Date:	06/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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 51-year-old female who sustained an industrial injury on 09/19/2012. Current diagnoses include lumbosacral strain, degenerative disc disease, prolonged H reflex of the left knee, and L5-S1 facet syndrome. Previous treatments included medication management, facet injection, and epidural injection. Previous diagnostic studies include an electrodiagnostic study and MR of the lumbar spine. Initial complaints included a low back injury. Report dated 03/19/2015 noted that the injured worker presented with complaints that included back pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included a request for bilateral facet rhizotomy. The physician noted improvement in low back pain with prior facet injection. Disputed treatments include 1 facet rhizotomies bilateral L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Facet Rhizotomies Bilateral: L5-S1 (@ [redacted]): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-01.

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, Medial branch blocks, Facet joint radiofrequency neurotomy.

Decision rationale: Pursuant to the Official Disability Guidelines, 1 facet rhizotomy bilateral L5-S1 (at [redacted]) is not medically necessary. According to the guidelines facet neurotomies should be performed only after appropriate investigation involving controlled medial branch blocks. A repeat procedure should not occur at an interval less than six months from the first procedure and should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50%. The injured worker had an intra-articular facet injection but no diagnostic medial branch blocks. Diagnostic medial branch blocks are considered the gold standard in diagnosing facet joint pain and are recommended by the guidelines prior to pursuing facet rhizotomy. 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 workers working diagnoses are lumbosacral strain; degenerative disc disease at L2-L3 and L5-S1; prolonged H reflects on the left with the normal EMG; and right L5-S1 facet syndrome. The treating provider performed a facet injection on March 6, 2015. The injured worker was essentially pain-free although the symptoms returned over the subsequent two weeks. According to the guidelines facet neurotomies should be performed only after appropriate investigation involving controlled medial branch blocks. A repeat procedure should not occur at an interval less than six months from the first procedure and should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50%. The injured worker had an intra-articular facet injection but no diagnostic medial branch blocks. The injured worker's symptoms returned within two weeks. Diagnostic medial branch blocks are considered the gold standard in diagnosing facet joint pain and are recommended by the guidelines prior to pursuing facet rhizotomy. There is no diagnostic medial branch block documented the medical record. Consequently, absent a diagnostic medial branch block to diagnose facet joint pain prior to pursuing facet rhizotomy, a facet rhizotomy bilateral L5-S1 (at [redacted]) is not medically necessary.