

Case Number:	CM14-0122128		
Date Assigned:	08/06/2014	Date of Injury:	03/31/2003
Decision Date:	10/14/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old female who sustained an injury on March 31, 2003. She suffers from an intractable back and leg pain sequelae to industrial injuries. As per the report of April 3, 2014; the pain level was 4/10. She stated that she required Lidocaine gel for her pain. The report dated March 7, 2014 indicated that there was no erythema or swelling present and the exam of the left knee revealed tenderness along the joint line and laterally. Surgeries include total knee replacement x2, carpal tunnel, and multiple other surgeries including shoulder surgery. Current medication includes oxycodone 15mg and Lidoderm patches. Treatments to date include medial branch blocks which gave over 50% relief, cryotherapy to the left knee, Voltaren gel, trial pack of Gralise, Neurontin which gave her intolerable side effects, Flexeril, Prilosec, Lidoderm and oxycodone. She had 4 urine toxicology tests in 2014, and most recent one done on 5/5/14 which was consistent with current treatment; positive for oxycodone. Diagnoses are chronic low back pain, degenerative disc disease, spondylosis; left knee pain to degenerative joint disease; bilateral hand pain history of carpal tunnel release; disabled; short acting opioids; medical comorbidities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Radio frequency Rhizotomy bilaterally , L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy

Decision rationale: Per guidelines, facet radiofrequency is recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet mediated pain include: 1) One set of diagnostic medial branch block is required with a response of at least 70%, lasting at least 2 hours for Lidocaine, 2) Limited to workers with low back pain that is non-radicular and at no more than two levels bilaterally, 3) There is documentation of failure of conservative treatment (physical therapy, home exercise program non-steroidal anti-inflammatory drugs) 4) No more than two facet joint levels are injected in one session. In this case, there is little to no documentation of the details of the facet medial branch block. Additionally, the records indicate that the worker has 50% pain relief with medial branch block. Furthermore, there is no documentation of failure of conservative treatment. The request is also for three lumbar facet joints bilaterally, which exceeds the guidelines criteria. Therefore, the requested service is not considered medically necessary.