

Case Number:	CM14-0146764		
Date Assigned:	09/12/2014	Date of Injury:	01/14/2013
Decision Date:	10/16/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 and Rehabilitation and is licensed to practice in Georgia. 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 patient is a 47 year old male who was injured on 01/14/2013 when involved in a motor vehicle collision while performing work related to his usual and customary duties. Medication history includes Norco, voltaren, tramadol and prilosec. The patient underwent lumbar medial branch blocks at the right L3, right L4 and right L5 on 06/11/2014. He subsequently underwent lumbar medial branch blocks at the left L3, left L4, and left L5 on 06/17/2014. Progress report dated 08/25/ 2014 indicated the patient presented with complaints of neck pain and lower back pain. He rated his pain 7/10 on the visual analog scale. Pain level had increased since last visit. It was note the patient ambulated without use of an assistive device. Patient's gait was normal. Tenderness to palpation bilaterally, of the left greater than right paravertebral muscles with no spinal process tenderness noted. No tenderness noted at the sacroiliac region. No tenderness at the sciatic notch. Lumbar facet loading was positive on both sides. Straight leg raise was negative on both sides. Of note, these objective exam findings for the lumbar region were unchanged from progress reports dated 04/17/2014, 05/15/2014, . The patient was diagnosed with sprain and strains of lumbar region and cervical radiculopathy. Following his left-sided medial branch blocks noted above, a post-procedure telephone note dated 07/28/2014 indicated the patient reported an 80% improvement in pain. Prior utilization review dated 08/29/2014 indicated the request for lumbar rhizotomy bilateral L3, L4 & L5 under fluoroscopy is denied as the medical necessity had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Rhizotomy Bilateral L3, L4 & L5 under Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (Odg), Treatment Index, 11th edition (web), 2014, Low Back, Facet Joint Radio Frequency Neurotomy.

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: CA MTUS/ACEOM guidelines do not specifically discuss the request. The Official Disability Guidelines (ODG) notes that facet joint radiofrequency neurotomy is "under study", with some conflicting evidence regarding efficacy. ODG recommends decisions regarding radiofrequency neurotomy be made on a case-by-case basis. Treatment criteria require a diagnostic medial branch block be performed and deemed successful prior to performance of radiofrequency neurotomy. ODG also notes that "no more than two joint levels are to be performed at one time." This is also the case for diagnostic blocks, though medical documents indicate a three level block was performed on each side on the dates listed above in the summary. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request for a bilateral three-level radiofrequency neurotomy at L3, L4, and L5 is not medically necessary.