

Case Number:	CM14-0218442		
Date Assigned:	01/08/2015	Date of Injury:	06/13/2013
Decision Date:	03/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female was injured on 06/13/2013 while being employed. On Physician's evaluation dated 11/20/2014 she complained of back pain in lower or lumbar-sacral area. Examination revealed the injured worker able to walk without difficulty, and had a decreased range of motion in the lumbar spine area. The injured workers diagnosis was lumbar radiculopathy. She was noted to have received local injections in the past. Treatment plan included rhizotomies and follow up appointments. The injured workers work status was noted as permanent and stationary. The Utilization Review dated 11/25/2014 non-certified the request for Rhizotomies at L4-L5 as not being medical necessary. The reviewing physician referred to ODG for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomies at L4/L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Low back chapter under facet joint syndrome radiofrequency ablation

Decision rationale: This patient presents with chronic low back pain. The current request is for RHIZOTOMIES AT L4-L5. The Utilization denied the request stating that there is no documentation regarding the prior facet injection. Regarding radiofrequency ablation, ACOEM Guidelines page 300 and 301 state, "Lumbar facet neurectomies reportedly produce mixed results. Facet neurectomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." ODG Guidelines lumbar spine chapter under facet joint syndrome radiofrequency ablation section require a clear diagnosis of facet joint syndrome via positive dorsal medial branch diagnostic blocks to be able to perform radiofrequency ablation. ODG Guidelines lumbar spine chapter under facet joint syndrome require paravertebral tenderness, negative sensory examination, no radicular symptoms, although pain can at times radiate below the knee, and negative straight leg raise testing. According to progress report dated 11/13/14, the treating physician states that the patient had a diagnostic facet block which provided short relief and is now requesting a Rhizotomy. There is no further documentation of a medial branch block; therefore, it is unclear when the procedure was done, what levels were injected, or duration of pain relief. ODG requires adequate diagnostic block prior to considering a Rhizotomy. Given the treating physician has not provided the required documentation to indicate positive diagnostic block, the requested Rhizotomy IS NOT medically necessary.