

Case Number:	CM15-0009240		
Date Assigned:	01/27/2015	Date of Injury:	03/22/2012
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on March 22, 2012. The injured worker has reported cervical, lumbar, right foot and right shoulder pain. The diagnoses have included cervical radiculopathy, cervical facet syndrome, right shoulder impingement, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right sacroiliac joint facet arthropathy, right foot neuroma and right lower extremity complex regional pain syndrome. Treatment to date has included pain medication, computed tomography scan of the right foot, x-ray of the right foot, open reduction and internal fixation of the right foot, lumbar sympathetic block, a bone stimulator and urine toxicology screening. Most current documentation dated August 6, 2014 notes that the injured worker reported ongoing similar complaints of right foot pain. Physical examination revealed tenderness to palpation over the mid foot and first web space dorsally. Tinel's sign was positive. Range of motion was normal. The documentation notes that the injured worker also had lumbar radiculitis. On December 16, 2014 Utilization Review non-certified a bilateral Lumbar Four-Sacral One Medial Branch Block Facet Joint Rhizotomy and Neurolysis. The Official Disability Guidelines, were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of bilateral Lumbar Four-Sacral One Medial Branch Block Facet Joint Rhizotomy and Neurolysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 medial branch block facet joint Rhizotomy and Neurolysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127, Official Disability Guidelines (ODG) Treatment index, 2014, Low Back, facet joint diagnostic blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy

Decision rationale: The claimant sustained a work injury more than three years ago and continues to be treated for chronic pain including chronic low back pain. She underwent bilateral diagnostic lumbar facet blocks with a reported near 100% relief of back pain and with a reduction in medications. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using medial branch blocks and that no more than two joint levels are performed at one time. In this case, the claimant has failed to benefit from prior conservative treatments. A diagnosis of facet joint pain is supported by the response to diagnostic medial branch blocks. A continued home exercise program and medication management would be expected after the procedure. The requested medial branch radiofrequency nerve ablation meets the applicable criteria and is therefore medically necessary.