

Case Number:	CM15-0016645		
Date Assigned:	02/05/2015	Date of Injury:	02/08/2002
Decision Date:	03/27/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/29/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 62 year old female, who sustained a work/ industrial injury on 2/8/02. She has reported increasing symptoms of back pain that radiated to the right and left legs. Prior medical history included hypothyroidism and lumbar spinal stenosis. Prior surgery included medial branch rhizotomy at branch L3 through L5 that provided 90% relief for one year in duration. The diagnoses have included lumbar facet syndrome. Treatment to date has included medication, home exercise program, and physical therapy. Upon examination, there was lumbar range of motion were decreased and painful. There was facet tenderness, normal muscle strength, and radiating leg pain. Plan was to proceed with bilateral S1 transforaminal epidural following an exercise program. Medications included Norco, Ibuprofen, Prilosec, Levothyroxine, Lysine, Omeprazole, and Venlafaxine HCL ER. On 1/2/15, Utilization Review non-certified a Rhizotomy bilateral L3/L4/L5, noting the Official Disability Guidelines (ODG), Low back- Lumbar and Thoracic Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy bilateral L3/ L4/ L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- low back, RFA

Decision rationale: ODG guidelines support (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 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 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. The medical records provided for review indicate previous procedure giving 90% relief of pain for 1 year which is in congruence with ODG guidelines for repeat RFA. As such RFA is supported as medically necessary.