

Case Number:	CM15-0115884		
Date Assigned:	06/24/2015	Date of Injury:	11/30/2010
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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: California

Certification(s)/Specialty: Family Practice

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 60 year old male who sustained an industrial injury on 11/30/10. The mechanism of injury is unclear. He currently complains of right sided low back pain. His pain level is 5/10 with medication use and 8/10 without medications. On physical exam there was tenderness to palpation over the right L4-5 and L5-S1 paravertebral joints with decreased range of motion. Medications are Percocet, Dilaudid. Medications improve his pain and function by 40-50%. On 4/29/15 medication, testing was done and was found to be consistent with currently prescribed medications. Diagnoses include multilevel lumbar degenerative disc disease with spinal canal stenosis; advanced lumbar facet arthropathy; chronic lumbar nerve root irritation; lumbar myofascial pain with muscle spasms. Treatments to date include chiropractic treatments with worsening low back pain; acupuncture with no benefit; right L4-5 and L5-S1 facet medial branch block (8/28/14) with 100% pain relief for more than four hours; five physical therapy treatments which were not beneficial; L4-5 epidural steroid injection (6/27/13) with greater than 50% improvement in symptoms for eight weeks. Diagnostics include MRI of the lumbar spine (7/26/11) showing degenerative disc disease and advanced facet arthropathies; electromyography/ nerve conduction study (4/19/13) showing bilateral nerve root irritation. In the progress note dated 5/26/15 the treating provider's plan of care includes a request for right L4-5 and L5-S1 radiofrequency/ neurotomy under fluoroscopic guidance to decrease pain, improve range of motion and reduce daily use of oral opioids for pain and functional improvement. A letter of appeal has been submitted dated June 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 and L5-S1 radiofrequency/neurotomy under fluoroscopy guidance:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint radiofrequency neurotomy, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: As per the Official Disability Guidelines, criteria should be met prior to proceeding with facet neurotomy. The injured worker is status post facet medial branch blocks on 8/28/14 with 100% relief for 4 hours. A letter of appeal has been submitted dated 6/15/25 at which time it is noted that following the medial branch blocks, the injured worker was able to sit, bend and twist without pain. The letter of appeal notes that no more than 0.5 cc of injectate was given to each joint and that the injured worker did not take any medications during the four hours of reported pain relief. It is also noted that no intervenous sedation and no steroids were used during the medial branch blocks. As such, given the additional information noted on the recent appeal, the request for proceeding with neurotomy is supported. The request for Right L4-L5 and L5-S1 radiofrequency/neurotomy under fluoroscopy guidance is medically necessary and appropriate.