

Case Number:	CM15-0118046		
Date Assigned:	06/26/2015	Date of Injury:	02/19/2014
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/18/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female, who sustained an industrial injury on 2/19/2014. The injured worker was diagnosed as having persistent lumbago, lumbosacral sprain/strain, L1-2 disc herniation, and rule out lumbar facet syndrome at L4-5 and L5-S1. Treatment to date has included diagnostics, physical therapy, diagnostic left L1-2 lumbar epidural steroid injection (no relief, with side effects reported), bilateral diagnostic L4 and L5 facet medial branch blocks, and medications. On 3/24/2015, the injured worker reported severe back pain and left thigh pain, rated 8/10. Exam noted localized tenderness over the bilateral L4-5 and L5-S1 lumbar facet joints. Muscle testing revealed strength at 5-/5 in bilateral hip flexion and abduction. On 5/07/2015, she underwent bilateral diagnostic L4 and L5 facet medial branch blocks under fluoroscopy. On 5/14/2015, she reported significant relief of her back pain for three days following her injection, reporting 60% improvement. She rated current pain at 5-6/10. Exam noted localized tenderness over the bilateral L4-5 and L5-S1 facet joint, aggravated by lumbar extension and lateral bending. Motor and sensory exams were intact and positive straight leg raise was noted bilaterally. The treatment plan included lumbar facet radiofrequency neurotomy, bilateral L4-5 and L5-S1. Magnetic resonance imaging of the lumbar spine (4/2014) was documented as showing mild lumbar degenerative changes and mild lower lumbar facet arthropathy with mild right foraminal stenosis at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet radiofrequency neurotomy, bilateral L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints, page 300 states that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The use of diagnostic facet blocks require that the clinical presentation to be consistent with facet mediated pain. These were performed on 5/7/15 and resulted in 60% relief of symptoms, which lasted for 3 days according to the documentation on 5/14/2015. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case, the exam notes from 5/14/15 document bilateral straight leg raise testing which is indicative of radicular complaints. Therefore, the determination is not medically necessary.