

Case Number:	CM15-0119374		
Date Assigned:	06/29/2015	Date of Injury:	03/05/2007
Decision Date:	09/15/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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, Arizona

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:

The injured worker (IW) is a 44-year-old female who sustained an industrial injury on 03/05/2007. Diagnoses include status post fusion at L5-S1; facet arthropathy of the lumbar spine; and chronic pain. Treatment to date has included medications, spinal surgery, gym membership, medial branch nerve blocks and physical therapy. She was also evaluated by a psychologist in anticipation of the stimulator trial. According to the progress notes dated 5/1/15, the IW reported low back pain with pain and numbness down the left leg to the foot through the back of her foot, rated 9/10. She also reported cramping down her left knee to her foot, lasting approximately five minutes. On examination, her gait was antalgic and she walked with a cane. Heel-toe walk was abnormal. Range of motion (ROM) of the lumbar spine was reduced. Tenderness was present over the lumbar facets in the L3-4 and L4-5 region. Facet loading was positive on the left. Straight leg raise was positive on the left and sensation was decreased in the L4 through S1 dermatomes on the left, worse at L5. An MRI of the lumbar spine from 5/18/13 showed postoperative changes at L5-S1, minimal Grade I anterolisthesis and mild bilateral neural foraminal narrowing. Electrodiagnostic testing of the bilateral lower extremities found evidence of L5-S1 radiculopathy. A request was made for rhizotomies at left L3-4 and L4-5; spinal cord stimulator trial; pre-operative clearance and lumbar MRI for treatment of back pain, to reduce medication use and increase her activity level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy at left L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, thoracic and lumbar facet joint radiofrequency neurotomy.

Decision rationale: The Official Disability Guidelines indicate that facet joint radiofrequency neurotomy treatments typically require a diagnosis of facet joint pain using a medial branch block with initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. In the review of the submitted documentation, though the injured worker has facet-mediated pain, it is uncertain how effective the previous medial branch blocks were in controlling pain. There is documentation of effective pain relief from previous medial branch blocks and as such, the request as submitted cannot be considered medically appropriate at this time.

Rhizotomy at L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, thoracic and lumbar radiofrequency neurotomy.

Decision rationale: The Official Disability Guidelines indicate that facet joint radiofrequency neurotomy treatments typically require a diagnosis of facet joint pain using a medial branch block with initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. In the review of the submitted documentation, though the injured worker has facet-mediated pain, it is uncertain how effective the previous medial branch blocks were in controlling pain. There is documentation of effective pain relief from previous medial branch blocks and as such, the request as submitted cannot be considered medically appropriate at this time.

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation Page(s): 105-107.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome (CRPS), neuropathic pain, post-amputation pain, and post-herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. In the submitted documentation there was mention of psychological evaluation prior to SCS trial. The injured worker does have neuropathic pain, but there is no mentions that other less invasive methods to treat pain have failed. As such, the medical necessity of this request cannot be supported at this time.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As the SCS trial cannot be deemed medically necessary, this request also cannot be deemed medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the California MTUS, MRI studies are the test of choice in those with prior surgery, fractures, and/or tumors that may require surgery. MRI can be indicated in those with obvious evidence of nerve dysfunction on examination, and after failure of conservative measures for 4-6 weeks. In the submitted documentation, there is no clear rationale for obtaining a repeat MRI. Though the last MRI of the L-spine was in 05/2013, it showed post-operative changes, and mild spondylotic changes overall. While the injured worker has deficits on examination, it is unclear how they have changed over the past year, and if there are red flags that warrant repeat testing and how this would guide future management. As such, the medical necessity cannot be established at present time.