

Case Number:	CM15-0129989		
Date Assigned:	07/16/2015	Date of Injury:	10/24/2006
Decision Date:	08/12/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/06/2015

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: North Carolina
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 43 year old female, who sustained an industrial injury on October 24, 2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having bilateral cervical facet joint pain to cervical three to four and cervical four to five, cervical facet joint arthropathy, chronic neck pain, bilateral lumbar facet joint pain at lumbar four to five and lumbar five to sacral one, lumbar facet joint arthropathy, and chronic low back pain. Treatment and diagnostic studies to date has included use of a transcutaneous electrical nerve stimulation unit, medication regimen, magnetic resonance imaging, and physical therapy. In a progress note dated April 21, 2015 the treating physician reports complaints of pain to the bilateral neck with the right worse than the left, pain to the low back with the left worse than the right that radiates to the buttocks, along with associated symptoms of decreased sleep and increased headaches. Examination reveals tenderness to the cervical paraspinal muscles to the right cervical three to four and cervical four to five facet joints, tenderness to the lumbar paraspinal muscles at bilateral lumbar four to five and lumbar five to sacral one facet joints, decreased range of motion to the lumbar spine, and positive sustained hip flexion bilaterally. The injured worker's pain level is rated a 9 out of 10. The treating physician requested right cervical three to four and right cervical four to five, along with a right lumbar four to five and lumbar five to sacral one fluoroscopic-guided neurotomy with rhizotomy to permanently treat the injured worker's facet joint pain to the lumbar and cervical spine with prior cervical facet joint medial branch block providing 70% improvement with increased range of motion and lumbar facet joint medial branch block providing 100% with increased range of motion. The treating physician also noted that the injured worker has failed conservative treatments of physical therapy and medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C3-C4 and right C4-C5 fluoroscopically guided neurotomy / rhizotomy:

Overtaken

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) rhizotomy.

Decision rationale: The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. 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. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. The patient has had controlled medial branch diagnostic blocks and failure of various conservative therapies. Therefore, the request is medically necessary.

Right L4-L5 and right L5-S1 fluoroscopically guided neurotomy / rhizotomy:

Overtaken

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) rhizotomy.

Decision rationale: The ACOEM chapter on low back complaints and treatment options states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. 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. Radiofrequency neurotomy otherwise known as facet rhizotomy has mixed support for use of low back pain per the ACOEM. The patient has had controlled medial branch diagnostic blocks and failure of various conservative therapies. Therefore, the request is medically necessary.