MAXIMUS Federal Services

Case Number:	CM15-0172807		
Date Assigned:	09/14/2015	Date of Injury:	12/01/1998
Decision Date:	10/21/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, 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:

This is a 66 year old female patient who sustained an injury on 12-1-98.She sustained the injury when she fell and landed on her back. She experienced immediate severe low back pain. Per the doctor's note dated 8/18/15, the physical examination revealed diminished lumbar lordosis with guarding and tenderness and painful lumbar range of motion. Per the doctor's note dated 6/19/15, she had complaints of intractable low back pain and that the only procedure that helped her was the facet rhizotomy. The physical examination revealed guarded gait, diminished lumbar lordosis with guarding and tenderness, referred back pain with straight leg raising bilaterally. Per the doctor's note dated 4-29-15, she has a complete disc collapse at L4-5 and L5-S1. She has been under the care of pain management; maintained with narcotics and had prior epidural as well as facet rhizotomy procedures x2. She states sustained improvement with facet rhizotomy. The physical examination revealed guarded gait; unable to walk on toes and heels and ambulates without a crutches or canes, diffuse muscle guarding and tenderness in the cervical spine; acromioclavicular joint tenderness in the shoulder; and range of motion limited and guarded in the cervical spine. The medications list includes Neurontin 800 mg; Wellbutrin 100 mg; Xanax 2 mg; Trazodone 50 mg; Protonix 40 mg, ambien, rantac, lasix, potassium chloride and lidoderm patch. She has had Cervical spine X-rays which revealed anterior C4-T1 ADCF screw and plate apparatus; lumbar spine X-rays which revealed straightening of the normal lumbar lordosis; marked disc space collapse and end plate changes at L4-5 and L5-S1; MRI lumbar spine dated 7-1-13 which revealed L4-L5 chronic degenerative disc disease without canal or foraminal stenosis; L3-4 mild diffuse disc bulging of the annulus and mass 8 x 5.7 cm in the dome of the

liver; EMG/NCS dated 7/3/13 which revealed bilateral chronic L4-5 radiculopathy; recent lumbar spine MRI dated 8/5/15 which revealed endplate degeneration from L3-4 to L5-S1 and bilateral neural foraminal stenosis from L3-4 to L5-S1. She has had physical therapy visits, ESI and facet rhizotomies for this injury. She stated that facet rhizotomies provided sustained benefit and was requesting to repeat the lumbar facet rhizotomy. Current requested treatments bilateral L4-S1 facet rhizotomy. Utilization review 8-4-15 requested treatment was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Facet Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter (Online Version) Facet Joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15)Facet joint radiofrequency neurotomy Facet joint medial branch blocks (therapeutic injections).

Decision rationale: Per the cited guidelines "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit". Per the ODG guidelines lumbar facet rhizotomy is "Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function". Evidence of failure of other conservative therapy is not specified in the records provided. She has had previously lumbar facet rhizotomies for this injury. Per the cited guidelines, "Criteria for use of facet joint radiofrequency neurotomy: (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. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy". Evidence of a diagnosis of facet joint pain using a medial branch block is not specified in the records provided. There is no evidence in the records provided that the patient has had at least 50 % pain relief for a duration of at least 12 weeks, documented improvement in VAS score, decreased medications and documented improvement in function with the previous facet rhizotomy. The request for Bilateral L4-S1 Facet Rhizotomy is not medically necessary or fully established for this patient.