

Case Number:	CM15-0179587		
Date Assigned:	09/21/2015	Date of Injury:	05/14/2014
Decision Date:	10/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 63 year old male, who sustained an industrial injury on May 14, 2014, incurring low back injuries. He was diagnosed with lumbar spine sprain and thoracic spine sprain. Lumbar Magnetic Resonance Imaging revealed disc protrusion and central canal narrowing with facet arthropathy and thoracic spine musculoligamentous strain. Treatment included physical therapy and home exercise program, pain medications, proton pump inhibitor, muscle relaxants, back support, epidural steroid injection, chiropractic sessions, acupuncture, diagnostic imaging Electromyography studies, and modified activities. Currently, the injured worker complained of tightness and pain in the lower back radiating into both lower extremities rated 5 out of 10 on a pain scale from 1 to 10. He had persistent low back pain with muscle spasms limiting his activities of daily living. The pain was aggravated with prolonged periods of sitting, standing and walking. After branch block injections, (L2-L4 on 6/15/15) the injured worker was noted to have 80% relief and was able to walk and sit for longer periods of time with increased range of motion. The treatment plan that was requested for authorization on September 11, 2015, included a bilateral lumbar facet rhizotomy and neurolysis. On August 11, 2015, a request for a lumbar facet rhizotomy and neurolysis was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral L2-L4 facet rhizotomy and neurolysis (Innervating the bilateral L3-L4 & L4-5 facet joints): 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 (Acute & Chronic) - 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) Low back- Facet joint diagnostic blocks (injections).

Decision rationale: 1 bilateral L2-L4 facet rhizotomy and neurolysis (Innervating the bilateral L3-L4 & L4-5 facet joints) is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that 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. The ODG states that the criteria for use of facet joint radiofrequency neurotomy is that treatment requires a diagnosis of facet joint pain using a medial branch block as described per the ODG which includes that no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. Opioids should not be given as a "sedative" during the procedure. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The documentation does not reveal objective surgery/procedure notes, which indicate that the above criteria were followed during branch block injections. Therefore, the request for a facet rhizotomy and neurolysis is not medically necessary.