

Case Number:	CM15-0066897		
Date Assigned:	04/14/2015	Date of Injury:	07/01/2002
Decision Date:	05/15/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/08/2015

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: Illinois, California, Texas
 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 50 year old male who sustained an industrial injury on 7/1/02. The injured worker reported symptoms in the back and lower extremities. The injured worker is a 50-year-old male who sustained an industrial injury on 7/1/02, relative to a motor vehicle accident. Past medical history was positive for diabetes. He was diagnosed with lumbar discogenic disease and underwent L2/3 and L3/4 fusion in 2007. He had excellent surgical results and resumed full activities without restrictions. He subsequently underwent C5/6 and C6/7 hemilaminectomy in August 2012. Records documented multiple flare-ups of low back pain since 1/16/14. Conservative treatment included physical therapy, acupuncture, and massage sessions. The 8/7/14 lumbar spine MRI impression documented status post instrumented fusion at L2/3 and L3/4 with retained hardware and interbody cages. There was a mild L5/S1 disc bulge on the right. Findings documented disc desiccation and moderate disc height loss at L1/2 with a right paracentral disc protrusion, which mildly narrowed the right aspect of the canal. The facets were degenerated with mild bilateral foraminal narrowing. The 1/28/15 pain management report cited constant low back and neck pain that was 8/10 without medications. Low back pain was worsened with standing or walking over 15 minutes. He was able to somewhat manage pain with ibuprofen, cyclobenzaprine, and Norco. Physical exam documented lumbar paraspinal tenderness, facet tenderness at L4-S1, positive lumbar facet loading maneuvers, and trigger points in the upper, mid and low back paraspinal muscles. The injured worker was status post L1/2 and L5/S1 facet blocks with pain relief for a few days. The diagnosis included chronic pain syndrome, postlaminectomy syndrome cervical and lumbar regions, and lower back pain. The

treatment plan recommended continued medications and noted approval was pending for facet rhizotomy. The 3/13/15 treating physician report cited low back pain varying up to 6-7/10 with intermittent pain into his right buttocks. He also reported right knee pain with give-way weakness. He was using frequent ice and heat to his back with benefit. He was taking ibuprofen, Norco for severe pain, and cyclobenzaprine rarely. He had been getting weekly massages that decreased pain for several days. Facet blocks were reported on 10/24/14 with 50% benefit for 3 days and facet blocks at again on 12/16/14 with only temporary benefit for 3 days. Physical exam documented positive pain on extension of the spine at L4/5 and L5/S1 bilaterally, muscle spasms, and limited lumbar flexion. Straight leg raise was negative bilaterally. There was no extensor hallucis longus weakness or sensory loss bilaterally. The diagnosis was lumbar disc displacement. The treatment plan recommended rhizotomy procedures at L1/2 and L5/S1. The 3/25/15 utilization review non-certified the request for rhizotomy bilateral L1/2 and L5/S1 as prior benefit to facet blocks had not met guideline criteria with no compelling evidence that would merit bypassing guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Rhizotomy at bilateral L1-L2 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS guidelines state that facet neurotomies are under study and should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate that facet joint radiofrequency ablation (neurotomy, rhizotomy) is under study. Treatment requires a diagnosis of facet joint pain using one set of diagnostic medial branch blocks with a response of 70%. The pain response should last at least 2 hours for Lidocaine and response should be documented in terms of VAS reduction, medication use, and activity level. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. Guideline criteria have not been met. This injured worker presents with a diagnosis of lumbar postlaminectomy syndrome with prior fusion at L2/3 and L3/4. He has undergone facet joint blocks with reported pain reduction of 50% for 3 days. There is no documentation of medication reduction or activity response to these injections. Given the failure to meet guideline-recommended response levels to the diagnostic facet joint blocks, proceeding with facet rhizotomy is not supported. Therefore, this request is not medically necessary.