

Case Number:	CM15-0075121		
Date Assigned:	04/27/2015	Date of Injury:	11/10/2006
Decision Date:	05/27/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/20/2015

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 54-year-old female who sustained an industrial injury on 11/10/06, relative to lifting a patient. The 1/9/15 treating physician report indicated that the injured worker had facet pain on exam with imaging evidence of facet arthropathy. She had failed more than 6 weeks of reasonable conservative treatment. She underwent an L3-L5 medial branch block on 2/23/15. The 4/1/15 treating physician report documented return of grade 7/10 constant lower back pain. She had 80% improvement for approximately 10 days following the L3/4-5 medial branch blocks on 2/23/15. She reported that she was able to perform extension and lateral flexion without pain, and her standing and walking tolerance improved following the medial branch blocks. Physical exam documented antalgic gait to the right, diffuse left paravertebral muscle tenderness, moderate to severe facet tenderness from L4-S1, and mild decrease in range of motion. The treatment plan requested bilateral L3-L5 facet rhizotomy and neurolysis. A home exercise program was documented. The 4/16/15 utilization review modified the request for bilateral L3-L5 rhizotomy and neurolysis and certified bilateral L3-L5 rhizotomy as guidelines did not support neurolysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral L3-L5 facet rhizotomy and neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301 & 309. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Adhesiolysis, percutaneous, 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 (ODG) 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. There should be evidence of a formal plan of additional evidenced based conservative care in addition to facet joint therapy. The ODG do not recommend neurolysis due to the lack of sufficient literature evidence (risk vs. benefit, conflicting literature). This patient presents with signs/symptoms and imaging findings consistent with facet joint pain. She underwent L3-L5 medial branch blocks on 2/23/15 with an 80% reduction in pain and documented improvement in functional ability for about 10 days. The 4/16/15 utilization review partially certified this request for bilateral L3-L5 facet rhizotomy. There is insufficient literature evidence to support the request for neurolysis and no compelling rationale for the addition of the procedure has been presented to support an exception to guidelines. Therefore, this request is not medically necessary.