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| Case Number: | CM15-0078936 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 07/26/2013 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 04/20/2015 |
| Priority: | Standard | Application Received: | 04/24/2015 |

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 53-year-old male, who sustained an industrial injury on July 26, 2013. He reported feeling a pop in his low back. The injured worker was diagnosed as having lumbar herniated nucleus pulposus with stenosis at lumbar 5-sacral 1, lumbar radiculopathy, and facet arthropathy of the lumbar spine. Diagnostics studies to date included an MRI, electromyography/nerve conduction studies, and urine drug screening. Treatment to date has included chiropractic therapy, work modifications, epidural steroid injections, lumbar facet medial branch block, and medications including pain, muscle relaxant, anti-epilepsy, and non-steroidal anti-inflammatory. On March 24, 2015, the injured worker complains of continued lower back pain. His pain is constant and stabbing with 2-3 episodes a day of severe muscle spasms. He has increased difficulty sleeping due to the pain. He reports sleeping 2 hours per night and he sleeps in a recliner. His pain is rated 6/10, but it can increase to 9/10. He reports decreased pain following the medial branch block done on March 13, 2015. After the injection, he did not need to use his pain medication for more than 12 hours. He is not currently working. The physical exam revealed a slow and antalgic gait, tenderness over the bilateral lower lumbar facet regions, severe pain with lumbar facet loading, decreased range of motion, and decreased lower extremity motor strength. The treatment plan includes follow-up in 1 week, lumbar rhizotomy bilaterally, and pain management follow-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar rhizotomy bilaterally L4-5, 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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. As the requested procedure in the lumbar back is not supported, the request for lumbar rhizotomy is not medically necessary.

Pain management follow ups: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical evaluation.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. The ODG states follow up evaluations are based on medical necessity as dictated by the patient's response to therapy/treatments. Indefinite amount of follow up as per this request however cannot be certified, as the ongoing medical necessity cannot be assured. Therefore, this request is not medically necessary.