

Case Number:	CM15-0094083		
Date Assigned:	05/20/2015	Date of Injury:	03/07/2014
Decision Date:	06/25/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 7, 2014. In a Utilization Review report dated April 22, 2015, the claims administrator denied requests for bilateral L3, L4, and L5 neurolysis. The claims administrator referenced an order form dated April 7, 2015 in its determination. The claims administrator framed the request as a request for lumbar radiofrequency rhizotomy procedures. A progress note of March 24, 2015 was also referenced in the determination. The applicant's attorney subsequently appealed. On April 23, 2015, the applicant reported ongoing complaints of low back pain, exacerbated by prolonged standing. The applicant was apparently pending unspecified steroid injections, it was suggested, through a pain management physician. Cranial nerve testing was intact. The applicant exhibited a normal gait, negative straight leg raising, symmetric reflexes, normal upper and lower extremity sensorium. The applicant was asked to follow up with her pain management physician and employ Robaxin for pain relief. The applicant was returned to regular duty work. The applicant was given a primary operating diagnosis of lumbar spondylolysis. In an earlier progress note dated February 11, 2015, the applicant again presented with lumbar spondylolysis and/or myofascial pain syndrome. The applicant stated that earlier medial branch blocks were successful. The applicant was working as a cashier. 2/10 axial back pain complaints were noted. The attending provider suggested that the applicant pursue repeat diagnostic medial branch blocks on this date. In a progress note dated March 10, 2015, the attending provider suggested that the applicant had had good results with earlier medial branch blocks. The attending provider

stated that the applicant's presentation was suggestive of facetogenic low back pain. L3, L4, and L5 neurolysis procedures were sought. On April 7, 2015, the attending provider reiterated his request for radiofrequency neurotomy procedures and stated that this could facilitate the applicant's returning to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, and L5 neurolysis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines Low back.

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

Decision rationale: Yes, the request for bilateral L3, L4, and L5 neurolysis procedures was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, facet neurotomies (AKA neurolysis procedures) should be performed only after appropriate investigation involving diagnostic medial branch block. Here, the applicant had apparently responded favorably to earlier diagnostic medial branch blocks. The applicant's presentation was suggestive of axial, facetogenic low back pain. The applicant was described as having reportedly attenuated pain complaints following the earlier medial branch blocks. The treating provider did note that the applicant was intent on employing the proposed neurolysis procedure in conjunction with the program of functional restoration, as evinced by the applicant's successful return to work as of a progress note dated April 23, 2015. Therefore, the request was medically necessary.