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| Case Number: | CM15-0097343 | | |
| Date Assigned: | 05/28/2015 | Date of Injury: | 09/21/2011 |
| Decision Date: | 06/26/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 05/20/2015 |

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: California

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

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 65 year old female, who sustained an industrial injury on 9/21/2011. She reported fell while getting into a vehicle, injuring her right knee, elbow and shoulder. The injured worker was diagnosed as having persistent symptomatic left shoulder impingement syndrome, rule out rotator cuff tear, persistent symptomatic left knee medial meniscus tear and degenerative arthrosis, and improved symptomatic meniscus tear of right knee status post arthroscopic surgery. Treatment to date has included medications, medial branch blocks, left knee surgery, and physical therapy. The request is for bilateral L4-S1 facet rhizotomy. On 4/20/2015, she was seen in follow up to left shoulder impingement syndrome and left knee medial meniscus tear. She reported being happy with the progress she has made and her improvement in symptoms. Physical examination is noted as no deformity or malalignment of the right knee. She is noted to have a normal gait, tenderness is noted to the patella are of both knees, and medial joint line of both knees. She had tenderness to the left AC joint, and a positive anterior/posterior AC joint stress test. There is no examination noted for the low back. The treatment plan included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 facet rhizotomy: 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, Facet Neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for facet rhizotomy, Occupational Medicine Practice Guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Within the documentation available for review, there is conflicting information regarding the patient's low back pain, as some providers note that it is present and other providers do not. Furthermore, while medial branch blocks were said to have given significant pain relief for three weeks, it is noted that another provider gave the patient trigger point injections to the low back less than a week after the medial branch blocks, and the use of both procedures introduces diagnostic confusion, as it can be difficult or impossible to determine which (if any) provided the benefit for the patient. In the absence of clarity regarding his issues, the currently requested facet rhizotomy is not medically necessary.