

Case Number:	CM15-0098487		
Date Assigned:	05/29/2015	Date of Injury:	03/10/2003
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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 54 year old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 10, 2003. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for a bilateral L4-S1 medial branch facet rhizotomy/neurolysis procedure. Progress notes of April 14, 2015 and December 16, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On April 14, 2015, the applicant reported ongoing complaints of low back pain, left sided. The attending provider stated that the applicant had non-radicular pain complaints in one section of the note but then stated that the applicant had on and off left sided stabbing and pulling sensations. The applicant had received an epidural steroid injection on March 20, 2015, it was reported. A slightly antalgic gait was noted. The applicant was obese, standing 5 feet 4 inches tall and weighing 171 pounds. Hyposensorium about the right leg with left and right lower extremity ranging 4-5/5 were evident, along with limited, painful lumbar range of motion. The attending provider stated that the applicant had previously received lumbar facet rhizotomy/neurolysis procedure and had responded favorably to the same. The attending provider stated that the applicant's radicular complaints had been attenuated following the recent epidural injection but were still present, toward the bottom of the report. A right L2-L3 transforaminal epidural injection was sought, along with a L4-S1 medial branch facet rhizotomy/neurolysis procedure. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 through S1 Medial Branch Facet Rhizotomy/Neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Lumbar & Thoracic Chapter (Online Version) Facet joint diagnostic blocks (injections).

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

Decision rationale: No, the request for a bilateral L4-S1 medial branch facet rhizotomy/neurolysis procedure was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, facet neurotomy should be performed only after appropriate investigation involving diagnostic medial branch blocks. Here, it did not appear that the applicant had received diagnostic medial branch blocks prior to the request for facet neurolysis procedures being initiated. The applicant, moreover, had received epidural steroid injection therapy on March 20, 2015. The applicant had residual radicular pain complaints present on or around the date of the request, April 14, 2015, suggesting that the applicant's primary pain generator was, in fact, lumbar radiculopathy as opposed to facetogenic or diskogenic low back pain for which the facet rhizotomy procedure in question could be considered. The applicant had, moreover, had previous lumbar facet neurotomy procedures, the treating provider reported on April 14, 2015. The attending provider, however, failed to outline tangible evidence of functional improvement as defined in MTUS 9792.20e following said procedures. The applicant's work and functional status were not discussed on April 14, 2015. Therefore, the request was not medically necessary.