

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0144823 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 09/05/2003 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58 year old female with a work injury dated 9/5/03. The diagnoses include cervical spine pain; cervical spine radiculopathy; cervical degeneration; chronic lumbar pain; bilateral upper extremity chronic pain due to RSI. Under consideration is a request for bilateral L4 & L5 medial branch radiofrequency (rhizotomy). There is a primary treating physician report dated 7/30/14 that states that the patient has increased low back pain. On exam there is lumbar paraspinal tenderness. There is decreased lumbar range of motion. There is a negative straight leg raise. Patient has normal motor strength of 5/5 in all muscle groups tested in the lower extremities, except for the left foot NT due to the airboot. Sensory examination shows intact to light touch and pin wheel. Reflexes are 1/4 in the knees and right ankle, left not tested. Babinkis is negative on the right, left NT. No evidence of clonus, Tenderness over the medial collateral ligament and mild crepitus of the left knee. The treatment plan includes a request for a bilateral L4, L5 medial branch radiofrequency (rhizotomy). Per documentation a 1/2/08 AME physician documented "I still do not believe that ongoing RFAs are within the appropriate scope medical treatment for this patient for her multiple medical conditions."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 & L5 medial branch radiofrequency (Rhizotomy): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (acute & chronic) chapter

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) Lumbar

Decision rationale: Bilateral L4 & L5 medial branch radiofrequency (Rhizotomy) is not medically necessary per the MTUS and the ODG guidelines. The MTUS ACOEM guidelines state that 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. The ODG states that while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. The documentatonr reveals that the patient has had prior rhizotomies but it is not clear how many the patient has had and the outcome of prior rhizotomies. The request therefore, for Bilateral L4 & L5 medial branch radiofrequency (Rhizotomy) is not medically necessary.