

Case Number:	CM13-0024572		
Date Assigned:	11/20/2013	Date of Injury:	10/17/2006
Decision Date:	01/31/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Orthopedic Surgery and is licensed to practice in California. 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 physician 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 34-year-old male who reported injury on 10/17/2006. The mechanism of injury was not provided. The patient was noted to have an artificial disc at L4, L5, and S1. The date of surgery was not provided. Per the documentation, the patient was noted to have a satisfactory sensory, motor, and deep tendon reflex examination. The patient's diagnosis was noted to be postlaminectomy syndrome of lumbar region. The request was made for a facet rhizotomy, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Rhizotomy, quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Radiofrequency neurotomy, Online Version.

Decision rationale: The ACOEM Guidelines, Low Back Complaints Chapter, indicate that a radiofrequency ablation for the treatment of selected patients with low back pain is recommended, and the indications include that they should be performed only after appropriate

investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ACOEM Guidelines, however, do not address the criteria for the use of a facet joint radiofrequency neurotomy. A secondary source, Official Disability Guidelines (ODG), indicates that a patient should have facet joint pathology which includes the following signs: tenderness to palpation in the paravertebral area, a normal sensory exam, absence of radicular findings and a normal straight leg exam. Additionally, ODG indicates that no more than 2 joint levels are to be performed at 1 time. Based on the medical records provided for review, the patient had a normal sensory examination and tenderness to palpation in the paravertebral area. The clinical documentation failed to provide a thorough objective examination with facet findings to support the request. There was a lack of documentation indicating the patient had a medial branch block before proceeding to the request for a Rhizotomy and did not indicate the level of the Rhizotomy. The request for a Facet- Rhizotomy, quantity 1, is not medically necessary and appropriate.