

Case Number:	CM13-0030230		
Date Assigned:	04/25/2014	Date of Injury:	10/05/2008
Decision Date:	10/28/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery and is licensed to practice in New York. 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 has chronic back and bilateral hip pain. He has had chiropractic care and takes Vicodin. On physical examination straight leg raising is negative. The patient has reduced range of lumbar motion secondary to pain. MRI lumbar spine from November 2011 show spondylolisthesis and degenerative disc condition. There is bilateral foraminal stenosis at L5-S1. There is degenerative disc at L4-5. At issue is whether followup examination visit and dorsal rhizotomy are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP EXAMINATION X1 VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back pain chapter

Decision rationale: Since this patient does not meet criteria for dorsal rhizotomy treatment, then follow-up examination of the dorsal rhizotomy not medically necessary. The medical records do not clearly documented the patient has had an adequate trial and failure of conservative measures

for the treatment of low back pain. Specifically it is no documentation of her recent trial and failure of adequate physical therapy. The results of physical therapy have not been documented. Therefore the request is not medically necessary.

POSSIBLE RHIZOTOMY L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back pain chapter

Decision rationale: This patient does not meet criteria for dorsal rhizotomy. Specifically there is no documentation that the facet joints of the pain generators in this case. There is no documentation of physical exam findings showing tenderness of the facet joints. There is no documentation of imaging studies showing specific arthritis of the facet joints. There is no documentation of medial branch block treatment showing relief of pain. Dorsal rhizotomy is not medically necessary. Criteria for dorsal rhizotomy have not been met. The request is not medically necessary.

BILATERAL FACET BLOCK L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back pain chapter

Decision rationale: This patient does not meet criteria for facet block L5-S1. Specifically there is no documentation that the facet joints of L5-S1 as the pain generators in this case. There is no documentation of physical exam findings showing tenderness of the L5-S1 facet joints. There is no documentation of imaging studies showing specific arthritis of the facet joints. There is no documentation of medial branch block treatment showing relief of pain. Criteria for facet block are not met. The request is not medically necessary.