

Case Number:	CM13-0033138		
Date Assigned:	12/06/2013	Date of Injury:	03/28/2002
Decision Date:	02/11/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 in Orthopedic Surgery has a subspecialty in Fellowship trained in Spine 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 53-year-old male who reported an injury on 03/28/2002 after a fall of approximately 8 to 12 feet. The patient reportedly sustained a fracture of the mid fibula of the right lower extremity. The patient ultimately developed low back pain. The patient received psychological support for chronic pain related depression and anxiety. The patient's treatment history included lumbar epidural steroid injections, ankle injections, and a left lumbar rhizotomy. The patient's most recent clinical evaluation revealed left tenderness over the facet joints of the low back and increased pain with range of motion. The patient's diagnoses included low back pain, lumbar and sacral osteoarthritis, sacral radiculitis, facet syndrome, and chronic pain. The patient's treatment plan included a radiofrequency rhizotomy at the left L5, L4, L3, and L2 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Medial Brank Nerve Radiofrequency Rhizotomy Left L5,L4, L3 and L2:
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 -Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The requested left lumbar medial branch nerve radiofrequency rhizotomy at the left L5, L4, L3 and L2 levels is not medically necessary or appropriate. The clinical documentation submitted for review does support that the patient has facet mediated pain. However, the levels of which that pain is generated from were not specifically identified in the physical examination. It is also noted within the documentation that the patient previously underwent a radiofrequency ablation. Official Disability Guidelines recommend repeat radiofrequency ablation for pain relief greater than 50% for 12 weeks and documentation of sustained pain relief for at least 6 months. The clinical documentation submitted for review does not specifically provide a pain relief assessment or duration of pain relief as a result of the prior injection. Additionally, the documentation does not include decreased medication or an improvement in function as a result of the prior injection. Therefore, an additional injection would not be supported. As such, the requested left lumbar medial branch nerve radiofrequency rhizotomy at the left L5, L4, L3, and L2 levels is not medically necessary or appropriate.