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| Case Number: | CM13-0038217 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 09/23/2005 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

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 Orthopaedics and is licensed to practice in New York, New Hampshire and Washington. 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 42 year old male with date of injury of 9/23/05. He is diagnosed with low back strain and degenerative disc disease. Subjectively, there is chronic low back pain, scrotal pain, and bilateral leg numbness in L3-L5. The patient had previous facet injections that were only temporarily helpful. There is no mention of how long the relief lasted. MRI shows DDD at L3-4 and L4-5 with some stenosis. T11-12 with stenosis. Physical exam shows decreased back ROM and decreased L5 sensation in the legs. The patient is diagnosed with lumbar degenerative disc disease and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar rhizotomy bilateral L3-S1 x 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

Decision rationale: This patient does not meet established Official Disabilities Guidelines criteria for repeat lumbar facet injection therapy (rhizotomy). Specifically, the records do not demonstrate and document greater than 50% improvement in function and pain for a period of 12

weeks. Therefore, repeat injection therapy is not medically necessary at this time based on the available medical records.