

Case Number:	CM13-0044691		
Date Assigned:	12/27/2013	Date of Injury:	11/14/2008
Decision Date:	03/05/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 Spine 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 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 55-year-old male who injured his back on November 14, 2008 while carrying an object. He's been diagnosed with degenerative low back pain, lumbar facet syndrome, displacement of lumbar disc, and postsurgical fusion pain. He had a spinal fusion from L4-S1 in August 2012. He was treated with multiple medications and had 12 physical therapy visits from February to March 2013. Use of a TENS unit has provided some relief. The patient has previously undergone lumbar spine rhizotomy. MRI of the lumbar spine from May 2013 revealed postsurgical changes at L4-S1 with posterior disc bulges in or foraminal narrowing from L2-S1. He continues to complain of back pain, left buttock pain, and right lower extremity pain. Physical examination reveals absent knee reflexes. He has paraspinous muscle tenderness. Straight leg raise at 60° produces pain in the back and lower extremities. He has limited range of back motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy at the bilateral L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: The medical records provided for review indicate that the patient has complaints of radicular type pain in the legs. Established guidelines indicate that radicular leg pain is a contraindication to lumbar facet blocks and facet injection technique. This patient does not meet established criteria for rhizotomy because the patient has radicular complaints. In addition, imaging studies do not specifically document facet joint pathology at the request of level. Criteria for rhizotomy are not met. Consequently, the request is not medically necessary and appropriate.

Lumbar facet joint block at bilateral L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: The medical records indicate that the patient has complaints of radicular type pain in the legs. Established guidelines indicate that radicular leg pain is a contraindication to lumbar facet blocks and facet injection technique. This patient does not meet established criteria for rhizotomy because the patient has radicular complaints. In addition, imaging studies do not specifically document facet joint pathology at the request of level. Criteria for facet injections are not met. The request is not medically necessary and appropriate.

Pre-operative medical clearance with an internal medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative psychological evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

