

Case Number:	CM13-0052085		
Date Assigned:	12/27/2013	Date of Injury:	06/17/2009
Decision Date:	04/04/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/15/2013

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 and is licensed to practice in Pennsylvania. 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 claimant is a 61 year old female injured in a work related accident on June 17, 2009. The documentation included an August 28, 2013 note that said the claimant underwent left sided L3-L4 and L5 transforaminal epidural steroid injections. A follow-up on October 1, 2013 documented that the claimant saw 75 percent improvement with the above procedure in regards to her left side low back and leg pain but she still continued to describe pain in the low back and the left leg. Physical examination showed improvement of her left leg weakness with improved dorsiflexion in left hip strength. Clinical imaging included an MRI report dated August 8, 2008 identifying annular disc bulging from L2-3 to L5-S1 with degenerative changes in moderate canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar rhizotomy, right, L2, L3, L4 and L5 spine: 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)

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 procedure.

Decision rationale: The CA MTUS Guidelines are silent. When looking at the Official Disability Guidelines the request for repeat lumbar rhizotomy to be performed at the right L2-L5 level would not be indicated. The recent records do not identify a recent facet injection to the requested level to support the need of procedure. It is noted the claimant previously underwent a rhizotomy procedure. The claimant's current clinical presentation is not that of facet joint syndrome. There was noted to be contra lateral left lower extremity radiculopathy for which weakness was improved following recent epidural injections performed. There is a lack of clinical correlation between the claimant's right side facet joint findings and left sided radiculopathy. Based on the records provided for review and the lack of documentation of recent diagnostic injections to the right side would fail to necessitate the procedure in question.