MAXIMUS Federal Services

Case Number:	CM13-0052496		
Date Assigned:	12/27/2013	Date of Injury:	07/22/2005
Decision Date:	03/10/2014	UR Denial Date:	10/31/2013
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 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 44 year old male who sustained a work-related injury on July 22, 2005. The patient now has chronic low back pain. He had right-sided radiofrequency ablation in March of 2013, and had artificial disc replacement at L5-S1 in 2007. He continues to complain of ongoing left-sided low back pain. Physical examination reveals tenderness over the left posterior superior iliac spine and lower lumbar facet region. He has decreased range of motion. He has 4/5 strength of the left tibialis anterior extensor hallucis longus muscle and plantar flexion. Current diagnoses include chronic low back pain, lumbar radiculopathy, and facet arthropathy. Treatment to date includes medial branch blocks at L4-5 and L5-S1 with a positive response, as well as medications, activity modifications, and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy at left L4-5, L5-S1, S1-2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: This patient does not meet criteria for multilevel lumbar rhizotomy at this time. The medical records do not contain documentation of at least one set of medial branch

blocks with over 70% relief of pain. In addition, established criteria indicate that no more than two joint levels will be performed at one time. Thus, the request is noncertified.

180 Hydrocodone/APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: There is no documentation that all prescriptions are from a single practitioner and are taken as directed. There is no documentation that the lowest possible dose is being prescribed. There is no documentation of ongoing review of previous pain relief with narcotic therapy. Functional status of the patient is not reported along with the effects of previous narcotic use. The criteria for this medication are not met; therefore, the request is noncertified.