MAXIMUS Federal Services

Case Number:	CM13-0057498		
Date Assigned:	12/30/2013	Date of Injury:	09/28/1997
Decision Date:	04/18/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 60-year-old female with a reported date of injury on 09/28/97; mechanism of injury not documented. According to the clinical records provided for review, the patient underwent an L5-S1 fusion in 1998 and subsequent L3-4 and L4-5 fusion on 08/09/10. Postoperatively, the claimant continued to have low back pain below the level of the fusion despite treatment with acupuncture, physical therapy, and medications. A report of a sacroiliac joint x-ray dated 10/01/12 identified bilateral sacroiliac (SI) joint sclerosis bilaterally. On 06/05/13 the patient received an SI joint injection. Documentation following the injection indicated that the claimant received 50 percent relief of pain with 90 percent overall improvements of her symptoms as a result of the injection. The office visit with [redacted] on 09/16/13 noted complaints of chronic moderate low back pain. Follow-up evaluation on 10/28/13 documented continued low back pain as the effects of the SI injection had worn off. Examination noted localized pain below the level of the lumbar fusion, tenderness over the SI joint, limited lumbar range of motion, positive bilateral SI joint compression test; reflexes were documented to be intact and straight leg raising was negative. After reviewing the 10/01/12 SI joint x-ray, the physician diagnoses were status post multi-level fusion, post lumbar laminectomy syndrome, chronic low back pain and sacroiliac joint arthropathy. Recommendation was made for right medial branch Rhizotomy at L5-S1 and S2-S3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Medial Branch Rhizotomy L5,S1,S2,S3: Upheld

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

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

Decision rationale: Based upon the CA MTUS ACOEM 2004 Guidelines, the request for L5 through S3 medical branch rhizotomies cannot be recommended as medically necessary. The ACOEM Guidelines state that quality medical literature does not support the efficacy of this treatment. Therefore, in accordance with ACOEM Guidelines, the treatment plan of L5 through S3 medical branch rhizotomies cannot be supported.