

Case Number:	CM13-0067374		
Date Assigned:	01/03/2014	Date of Injury:	02/03/2012
Decision Date:	05/27/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

Final Determination Letter for IMR Case Number CM13-0067374 3 The claimant is a 51-year-old, female who was injured on 02/03/12. Specific to the claimant's low back document a recent progress report of 11/12/13. An interventional pain management follow-up stating continued low back complaints with radiating pain to the left leg with associated numbness. Physical examination findings demonstrated facet tenderness from the L4 through S1 levels with negative piriformis testing, positive tenderness to the left SI joint, positive restricted range of motion, and a positive left sided straight leg raise. Sensory examination was intact. Motor strength was 5/5 and equal and symmetrical reflexes were noted. It states that she had received 80 percent relief from diagnostic L5-S1 facet joint blockade. Recommendations for a facet neurolysis rhizotomy was recommended for further treatment. The treating provider indicated the procedure was performed under IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RHIZOTOMY BILATERAL L5-S1: 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): 298-301.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria the role of facet Rhizotomy in this instance would not be supported. The specific criteria in regards to the facet Rhizotomy would indicate that the procedure should be performed under IV sedation and that there should not be indication of a radicular process noted on subjective or objective complaints. The treating provider indicates Intravenous (IV) sedation was utilized in the procedure with physical examination findings showing positive straight leg raising and subjective complaints of numbness to the left lower extremity consistent with a radicular pattern. The specific request for facet Rhizotomy in the setting of radiculopathy as well as IV sedation with diagnostic blockade would not be supported.