

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0071137 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 12/23/2009 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 Physical Medicine & Rehabilitation 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:

The underlying date of injury in this case is 12/23/2009. The treating diagnosis is lumbosacral spondylosis. This patient was seen in pain management evaluation on 09/19/2013 with the chief complaint of low back pain. Range of motion was decreased in all directions. Facet challenge was noted to be positive on the right greater than left bilaterally at L4-5 and L5-S1. The patient was noted to have previously undergone a medial branch block on the right at L4-5 and L5-S1 a week previously with 50% benefit for 5-6 hours. The initial physician review noted that this patient only had 50% improvement and not 70% improvement as per the treatment guidelines. The physician therefore recommended this request be noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RHIZOTOMY RIGHT L4-5 AND L5-S1: Overturned

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

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/Radiofrequency Neurotomy.

Decision rationale: The Official Disability Guidelines does discuss facet joint radiofrequency neurotomy, noting that such treatment is indicated if a patient has signs and symptoms consistent with facet-mediated pain and has had at least 70% improvement on an initial diagnostic block. Pain is subjective, and a distinction between 50% versus 70% may vary from patient to patient. The fundamental principle of a substantial satisfactory improvement from a diagnostic block in the setting of axial pain has been met. The ODG essentially provides a subjective reference for determining if there has been improvement from the diagnostic block. The patient does clearly meet these criteria on reporting substantial benefit. This request is therefore medically necessary and appropriate.