MAXIMUS Federal Services

Case Number:	CM14-0008448		
Date Assigned:	02/10/2014	Date of Injury:	04/12/2013
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 61 year old male who is reported to have been struck by a car while inspecting the road on 4/12/2013. A clinical note dated 12/27/13 indicated the patient complaining of low back pain with no pain radiating into either leg. The patient rated the ongoing pain as 6/10. The injured worker previously underwent physical therapy. Upon exam the injured worker was able to laterally bend to the right to 20 degrees. No other decreases were identified in range of motion testing. The patient demonstrated full strength in the lower extremities. A clinical note dated 12/24/13 indicated the patient utilizing Norco and cyclobenzaprine for ongoing pain relief. X-rays of the lumbar spine indicated the patient had T12 compression fracture. The MRI of the lumbar spine revealed mild degenerative disc disease and spinal canal narrowing at L4-5. Stenosis was identified at L3-4 bilateral neural foraminal stenosis was identified at L3-4 and L4-5. The injured worker was recommended for lumbar rhizotomy on the right at L4-5 and L5-S1. The patient had positive response to previous diagnostic medial branch blocks of 80%. A clinical note dated 10/18/13 indicated the patient rated his low back pain as 9/10. The injured worker stated he was utilizing his medication as prescribed. No adverse reactions were identified. The therapy note dated 09/13/13 indicated the injured worker having completed 17 physical therapy sessions to date. The injured worker demonstrated range of motion and strength deficits throughout the low back. The utilization review dated 01/07/14 resulted in a denial for request for bilateral L4-5 and L5-S1 facet rhizotomies as no information was submitted regarding significant clinical findings on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 FACET RHIZOTOMY: 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) Low Back Chapter - Lumbar & Thoracic (Acute & Chronic).

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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The request for bilateral L4-5 facet rhizotomies facet rhizotomy is non-certified. The clinical documentation indicates the injured worker complaining of axial-related low back pain. Previous medial branch blocks on the right at L4-5 resulted in 80% reduction in pain. Therefore, the injured worker may likely benefit from a facet rhizotomy at L4-5. However, diagnostic block was identified strictly on the right side whereas the request is for a bilateral injection. No information was submitted regarding a left sided diagnostic procedure. Given the above findings, the request for Bilateral L4-5 Facet Rhizotomy is not medically necessary.

BILATERAL L5-S1 FACET RHIZOTOMY: 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) Low Back Chapter - Lumbar & Thoracic (Acute & Chronic).

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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The request for bilateral L5-S1 facet rhizotomies facet rhizotomy is non-certified. The clinical documentation indicates the injured worker complaining of axial-related low back pain. Previous medial branch blocks on the right at L4-5 resulted in 80% reduction in pain. Therefore, the injured worker may likely benefit from a facet rhizotomy at L4-5. However, diagnostic block was identified strictly on the right side whereas the request is for a bilateral injection. No information was submitted regarding a left sided diagnostic procedure. Given the above findings, the request for Bilateral L5-S1 Facet Rhizotomy is not medically necessary.