

Case Number:	CM14-0012136		
Date Assigned:	03/07/2014	Date of Injury:	11/19/2012
Decision Date:	07/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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:

The patient is an 83-year-old male patient with an 11/19/12 date of injury. The 4/24/13 progress report indicates persistent low back pain radiating to the bilateral legs. The patient has difficulty sleeping and walking. Physical exam demonstrates diffuse lumbar tenderness, limited lumbar range of motion, decreased sensation in the left L5 dermatome, right TA and EHL weakness, positive straight leg raise test on the right. The 5/14/13 electrodiagnostic study indicates right L4, 5, S1 radiculopathy and left L5-S1 radiculopathy. Medical reports from 2013 demonstrated persistent right hip and right knee pain, with right ankle pain. Physical exam demonstrated antalgic gait. There is decreased right hip range of motion and tenderness, positive painful patellofemoral crepitus at the right knee, positive McMurray medially. There is decreased right foot and ankle range of motion. The patient underwent previous right hip replacement in 2007. Treatment to date has included Visco supplementation injections, medication, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L3-L4 AND L4-L5 RHIZOTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules California Official Medical Fee Schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, RFA.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, the Official Disability Guidelines (ODG) criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, however, the patient consistently presented throughout 2013 with clear radicular findings on physical exam. Electrodiagnostic testing indicates right L4, 5, S1 radiculopathy and left L5-S1 radiculopathy. There is no evidence that the patient's complaints are related to facet joints. There is no evidence of recent medial branch blocks. Therefore, the request for right L3-L4 and L4-L5 rhizotomy is not medically necessary and appropriate.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing)Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.