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| Case Number: | CM14-0015858 | | |
| Date Assigned: | 03/05/2014 | Date of Injury: | 01/04/2011 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/20/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

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 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:

Patient is a 69-year-old with an industrial injury on January 4, 2011. Exam notes from December 11, 2013 demonstrate patient suffers from low back pain. MRI on July 18, 2013 reveals L4-5, 3 mm disc bulge combined with facet and ligamentum flavum hypertrophy. There is narrowing of the spinal canal bilateral lateral recess. There is right greater than left neural foraminal narrowing at L5-S1. Conservative treatment has included medication, steroid injections, chiropractic care and acupuncture. Notes from January 30, 2014 demonstrate patient continues to complain of left sided lower back pain. There is tenderness at the left-sided facet joints of L4-5 and L5-S1. There is positive Kemp's for increased focal left sided facet joint pain at lower levels. The straight left testing was negative bilaterally. Neuromotor sensation is intact. Deep tendon reflexes are hyporeflexive, bilateral Achilles and patellar. Request for Rhizotomy at left L4-5 facet joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

RHIZOTOMY AT LEFT L4-5 FACET JOINT: 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 ODG - LOW BACK, FACET JOINT, RADIOFREQUENCY NEUROTOMY

Decision rationale: The California Medical Treatment Utilization Section and ACOEM Guidelines are silent on the issue of facet joint neurotomy. According to ODG criteria, "There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." In this case there is no evidence of a formal plan in the records from January 30, 2014 to satisfy the ODG criteria. The request for a Rhizotomy at left L4-L5 facet joint is not medically necessary or appropriate.

RHIZOTOMY AT L5-S1 FACET JOINT: 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 ODG - FACET JOINT RADIOFREQUENCY NEUROTOMY

Decision rationale: The California Medical Treatment Utilization Section and ACOEM Guidelines are silent on the issue of facet joint neurotomy. According to ODG criteria, "There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." In this case there is no evidence of a formal plan in the records from January 30, 2014 to satisfy the ODG criteria. The request for a Rhizotomy at left L5-S1 facet joint is not medically necessary or appropriate.