

Case Number:	CM14-0122911		
Date Assigned:	09/16/2014	Date of Injury:	04/09/2013
Decision Date:	12/12/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 28-year-old male who has submitted a claim for lumbar degenerative disease with radiculopathy, chronic pain syndrome, and sacroiliitis associated with an industrial injury date of 4/9/2013. Medical records from 2014 were reviewed. The patient complained of chronic low back pain radiating to the left lower extremity associated with numbness. Pain was rated 10/10 in severity, and relieved to 9/10 upon intake of medications. Physical examination showed severe tenderness and tightness across the paralumbar muscles. Range of motion was restricted to 50% of normal. Straight leg raise test was positive on the left. Motor strength of left lower extremity muscles was rated 3/5. Reflexes were absent on the left leg. Sensation was diminished over the left posterior thigh, calf, gluteus, and dorsum of foot. MRI of the lumbar spine from 10/1/2013 documented mild central canal stenosis at L4 to L5 and mild neural stenosis at L3 to L4 and L4 to L5. Treatment to date has included medial branch facet injection at the left L4, L5, sacral ala and S1 on 5/6/2014, Physical Therapy, Medical Marijuana, Oxycodone, Flexeril, Motrin, and Tramadol. The utilization review from 7/8/2014 denied the request for left L4, L5, sacral ala, and S1 radiofrequency rhizotomy because patient presented with radiculopathy, which is a relative contraindication to facet injections. Patient likewise had significant weakness which was not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4, L5, Sacral Ala, and S1 Radiofrequency Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): chapter not noted pg 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, low back-lumbar & thoracic

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 Section, Facet Joint Radiofrequency Neurotomy

Decision rationale: Patient is a 28-year-old male who has submitted a claim for lumbar degenerative disease with radiculopathy, chronic pain syndrome, and sacroiliitis associated with an industrial injury date of 4/9/2013. Medical records from 2014 were reviewed. The patient complained of chronic low back pain radiating to the left lower extremity associated with numbness. Pain was rated 10/10 in severity, and relieved to 9/10 upon intake of medications. Physical examination showed severe tenderness and tightness across the paralumbar muscles. Range of motion was restricted to 50% of normal. Straight leg raise test was positive on the left. Motor strength of left lower extremity muscles was rated 3/5. Reflexes were absent on the left leg. Sensation was diminished over the left posterior thigh, calf, gluteus, and dorsum of foot. MRI of the lumbar spine from 10/1/2013 documented mild central canal stenosis at L4 to L5 and mild neural stenosis at L3 to L4 and L4 to L5. Treatment to date has included medial branch facet injection at the left L4, L5, sacral alar and S1 on 5/6/2014, Physical Therapy, Medical Marijuana, Oxycodone, Flexeril, Motrin, and Tramadol. The utilization review from 7/8/2014 denied the request for left L4, L5, sacral ala, and S1 radiofrequency rhizotomy because patient presented with radiculopathy, which is a relative contraindication to facet injections. Patient likewise had significant weakness which was not addressed.