MAXIMUS Federal Services

Case Number:	CM14-0153373		
Date Assigned:	09/23/2014	Date of Injury:	11/29/2012
Decision Date:	10/27/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy over the course of the claim; and unspecified amounts of physical therapy over the course of the claim. In an April 10, 2014 progress note, the applicant reported persistent complaints of neck pain, bilateral arm pain, low back pain, and bilateral leg pain, ranging anywhere from 3-9/10. The applicant was using Norco, Neurontin, and Celebrex for pain relief, it was noted. Multiple medications were renewed. Skelaxin was introduced. It was stated that the applicant might be receiving carisoprodol from another provider. It was stated that the applicant was permanent and stationary and reportedly unable to work. In an earlier note dated October 23, 2013, it was acknowledged that the applicant had had a radiofrequency rhizotomy procedure on March 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Rhizotomy at bilateral L4-5, L5- S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, pages 300-301, lumbar facet neurotomies/rhizotomies reportedly produce "mixed results." In this case, the applicant has already had one prior set of rhizotomy procedures in 2013, despite the tepid-to-unfavorable ACOEM position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through the previous rhizotomy procedure. The applicant remains off of work. The applicant remains highly dependent on various opioid and nonopioid medications, including Norco, Celebrex, Skelaxin, Neurontin, etc. All of the above, taken together, suggests a lack of functional improvement of defined in MTUS 9792.20f despite at least one prior rhizotomy procedure. Therefore, the request for a repeat rhizotomy procedure is not medically necessary.