

Case Number:	CM14-0157377		
Date Assigned:	09/30/2014	Date of Injury:	02/06/2004
Decision Date:	11/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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:

This is a 71-year-old gentleman who injured his low back on 02/06/04. The medical records provided for review included a progress report dated 08/26/14 noting ongoing low back pain and tightness with radiating pain to the right lower extremity. Objectively, physical examination revealed restricted lumbar range of motion, spasm, paravertebral tenderness to palpation, and positive facet loading at the L4 through S1 levels. There was also documentation of diminished sensation in the right L5 and S1 dermatomal distribution and 4+/5 strength to the lower extremities diffusely. It was documented that a previous facet rhizotomy had been performed at the L4-5 and L5-S1 levels on 10/16/13 and provided significant relief. The medical records did not contain documentation of recent conservative care or imaging reports for review. This request is for repeat rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Rhizotomy Procedure Bilaterally at L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: Based on California ACOEM Guidelines, the request for repeat rhizotomy procedure bilaterally at L4-5 and L5-S1 cannot be recommended as medically necessary. The California ACOEM Guidelines state that there is limited clinical literature to support the long term efficacy of rhizotomy procedures for the lumbar spine. In addition, according to ACOEM, the presence of radiculopathy is a contraindication to performing the procedure. The medical records document that the claimant has significant radicular findings both in terms of subjective complaints and objective findings of sensory and motor weakness. Therefore, the requested two-level rhizotomy procedure to be repeated in this individual is not recommended as medically necessary.