

Case Number:	CM14-0030220		
Date Assigned:	06/20/2014	Date of Injury:	07/27/1981
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/10/2014

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 Texas. 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 injured worker is a 57 year old male who reported an injury to his low back. The utilization review dated 02/17/14 resulted in a denial for a radiofrequency rhizotomy at L4-5 and L5-S1 as the injured worker had previously been recommended for a surgical procedure to include a lumbar interbody fusion from L3 to S1. The clinical note dated 03/14/14 indicates the injured worker complaining of low back pain. The note indicates the injured worker stated the initial injury occurred in 2009. There is an indication the injured worker's past medical history includes a left total knee replacement which evidently aggravated the low back pain. The injured worker had been recommended for an L4-5 posterior fusion as well. Radiating pain was identified from the low back into the left lower extremity that was rated as 5-8/10. The injured worker stated the pain is constant. The note indicates the injured worker utilizing cyclobenzaprine and Hydrocodone for pain relief. X-rays of the lumbar spine revealed a slight retrolisthesis and collapse at L4-5. The procedural note dated 02/13/14 indicates the injured worker undergoing a Toradol injection. The agreed medical evaluation dated 01/29/14 indicates the injured worker's occupation required prolonged standing, walking, bending, twisting, turning, running, and jumping. The injured worker was involved with repetitive duties resulting in left knee pain. The injured worker subsequently had a left knee surgery to include an arthroplasty. Upon exam, decreased sensation was identified in the L4, L5, and S1 dermatomes on the left. 4/5 strength was identified at the extensor hallucis longus and plantar flexors all on the left. The operative note dated 11/14/13 indicates the injured worker undergoing an epidural steroid injection on the left at L4-5. The therapy note dated 04/03/13 indicates the injured worker having 4- to 4/5 strength throughout the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar percutaneous stereotactic radiofrequency rhizotomy under C-arm fluoroscopy at L4-L5, L5-S1 medical branches between 1-28/2014 and 5/12/2014: Upheld

Claims Administrator 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, Lumbar and Thoracic (Acute & Chronic).

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 Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The request for a lumbar percutaneous stereotactic radiofrequency rhizotomy at L4-5 and L5-S1 is not medically necessary. The documentation indicates the injured worker complaining of low back pain with radiating pain into the left lower extremity. The injured worker has also demonstrated significant pathology involving radiculopathy. A radiofrequency rhizotomy is indicated for injured workers who have continued low back pain that is non-radiating in nature. Given the significant findings indicating the injured worker having specific complaints of radiating pain from the low back into the lower extremities, this request is not indicated as medically necessary.