

Case Number:	CM14-0032148		
Date Assigned:	06/20/2014	Date of Injury:	12/22/2011
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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 Neurological 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:

The injured worker is a 55-year-old female who was reportedly injured on December 22, 2011. The mechanism of injury was checking and bagging items. The most recent progress note, dated May 14, 2014, indicated that there were ongoing complaints of bilateral shoulder and elbow pain as well as low back pain. Current medications included aspirin, insulin, chlorthalidone, citalopram and cyclobenzaprine. The physical examination demonstrated an antalgic gait favoring the right side. There were trigger points noted over pubococcygeus (PC) muscles as well as muscle spasms. There was normal cervical spine range of motion. There was decreased right shoulder range of motion and strength and a positive Jobe's test and Hawkins test of the left shoulder. There was also tenderness at the medial aspect of both elbows. Treatment included prescriptions of meloxicam and cyclobenzaprine. There was a request for an orthopedic referral. A request had been made for a lumbar rhizotomy and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar rhizotomy L2-5: 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 Non-MTUS Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet rhizotomy.

Decision rationale: According to the medical record, the injured employee had a previous lumbar spine rhizotomy with good results. The Official Disability Guidelines would support a second lumbar rhizotomy procedure due to these previous results; however it would only support treatment limited to spinal levels. As this request is for three spinal levels, this request for a lumbar rhizotomy from L2 through L5 is not medically necessary.