

Case Number:	CM14-0034848		
Date Assigned:	06/20/2014	Date of Injury:	07/01/2006
Decision Date:	08/19/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 on 07/01/2006 after a fall into a ditch. The injured worker reportedly injured his left hip, left leg, and lower back. The injured worker was evaluated on 01/13/2014. It was documented that the injured worker had previously undergone a medial branch rhizotomy at the L5-S1 in 08/2011 that was helpful. However, no other information regarding this procedure was provided. Physical findings included moderate tenderness to palpation over the L5-S1 and bilateral sacroiliac joints with decreased sensation over the posterolateral leg from the hips to the toes, with painful range of motion and a positive straight leg raising test. The injured worker's diagnoses included chronic low back pain, chronic left lower extremity pain, chronic lumbar radicular pain, L3-4 disc herniation, multiple degenerative lumbar discs, and trochanteric bursitis. A request was made for an L5-S1 radiofrequency rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral L5 alar, S1 radiofrequency rhizotomy: 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low

Back chapter, Facet joint radiofrequency neurotomy Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The requested outpatient bilateral L5-S1 radiofrequency rhizotomy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine indicates that rhizotomy should be based on an appropriate response to medial branch blocks. However, it does not address criteria for repeat rhizotomies. Official Disability Guidelines recommend repeat rhizotomies for injured workers with axial low back pain that has failed to respond to conservative treatment and is in the absence of radiculopathy, with a greater than 50% improvement in pain and documented functional improvement and reduction in pain medications. The clinical documentation submitted for review does indicate that the injured worker previously underwent a radiofrequency ablation at the L5-S1. It was noted that the previous procedure was helpful to the injured worker. However, a duration of treatment and a quantitative assessment of pain relief was not provided. There was no specific mention of increased functional capabilities. Furthermore, the injured worker's clinical presentation does include radicular symptoms. Therefore, this procedure would not be indicated in this clinical situation. As such, the requested outpatient bilateral L5 alar, S1 radiofrequency rhizotomy is not medically necessary or appropriate.