

Case Number:	CM14-0043952		
Date Assigned:	07/02/2014	Date of Injury:	02/13/2012
Decision Date:	09/12/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/11/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 46 year old female with a date of injury on 2/13/2012. The diagnoses are coccydynia and sacroiliitis. Subjective complaints are of low back pain, sacral and right buttock pain that is noted as being improved. Physical exam shows tenderness over the midline lower lumbar spine, right sacroiliac joint, and coccyx. Range of motion of the lumbar spine was decreased. A slight motor deficit in the right lower extremity was noted. Motor function in the left leg was normal. Sensory exam was intact. The patient had prior sacroiliac joint injection on 11/18/2013, and a caudal epidural steroid injection on 1/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

Decision rationale: ACOEM recommends MRI of the lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. The Official

Disability Guidelines recommends MRI exam for uncomplicated back pain with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Also if there is suspicion for cancer, infection, or other "red flags". This patient did not show signs/symptoms suggestive of tumor, infection, fracture, or progressive neurologic deficit. Furthermore, the patient did not have objective evidence of specific radicular complaints. Therefore, the medical necessity for a Lumbar MRI is not established.

Rhizotomy of right sacral lateral branches and of the right L5 dorsal primary ramus with Simplicity III device: Upheld

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

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.

Decision rationale: ACEOM guidelines suggest there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. The Official Disability Guidelines states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks confirming facet joint pain. Furthermore, the Official Disability Guidelines also states that radiofrequency neurotomy for the sacroiliac joint is not recommended. For this patient, physical exam findings are not consistent with facet mediated pain, and prior diagnostic medial branch blocks are not documented. Therefore, the medical necessity for a rhizotomy is not established.