

Case Number:	CM14-0044547		
Date Assigned:	06/20/2014	Date of Injury:	12/08/1999
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/19/2014

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:

The claimant presents with and industrial injury of 12/8/99. Exam note 2/11/14 demonstrates complaints of neck and low back pain. Claimant is status post C2 blocks on 12/19/13 with reduction in headaches. Claimant is also status post L1-L3 rhizotomy on 10/11/13. Report is made of 80% relief in symptoms. Report from 2/19/14 that claimant has associated lumbar radiculopathy. Request for repeat rhizotomy L1-L3 and bilateral occipital nerve rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Rhizotomy at bilateral L1, L2, L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain (Low Back). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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, Facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the Official Disability Guidelines (ODG), Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based

conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 2/19/14 of function improvement, duration of relief from the prior rhizotomy or demonstration of a formal plan has been contemplated or initiated. Therefore the determination is for not medically necessary.

Rhizotomy of bilateral occipital nerve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain (Low Back). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint rhizotomy. According to the Official Disability Guidelines (ODG) criteria, treatment requires a diagnosis of facet joint pain. Duration of effect after first neurotomy should be documented for at least 12 weeks at greater than 50% relief, which is not present in the records cited. Therefore, the determination is for not medically necessary.