

Case Number:	CM14-0044865		
Date Assigned:	07/02/2014	Date of Injury:	09/17/2013
Decision Date:	08/26/2014	UR Denial Date:	03/31/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on September 17, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 8, 2014, indicates that there are ongoing complaints of left sided low back pain and left-sided buttocks pain. The physical examination demonstrated tenderness over the lumbar spine facet joints. Diagnostic imaging studies reported an enlargement of the facet joints at L4-L5 and L5-S1. Previous treatment includes facet joint injections. A request was made for a lumbar facet rhizotomy at L4-L5 and L5-S1 and was not certified in the pre-authorization process on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet rhizotomy on the left at L4-L5 and L5-S1 and extra-articular facet joint injection with conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 - 301.

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 - Lumbar and Thoracic, Lumbar Facet Radiofrequency Neurotomy, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines prior to a lumbar facet rhizotomy a facet joint injection should be performed and provide at least twelve weeks of greater than 50% pain relief. According to the progress note dated May 2014, the previous facet joint injections provided for the injured employee provided good but short term relief. Considering this, the current request for a lumbar facet rhizotomy on the left at L4-L5 and L5-S1 and extra-articular facet joint injection with conscious sedation is not medically necessary.