

Case Number:	CM14-0074946		
Date Assigned:	07/16/2014	Date of Injury:	09/04/2013
Decision Date:	09/16/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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, has a subspecialty in Interventional Spine 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 patient is a 27 year old with an injury date on 9/4/13. Patient complains of continued lower lumbar pain that increased when physical therapy was discontinued, and ongoing left knee pain per 4/29/14 report. Based on the 4/29/14 progress report provided by [REDACTED] moldawer the diagnoses are: lumbosacral strain, right hand/wrist injury - not evaluated today, left knee injury - not evaluated today, mild facet arthropathy at L4-L5, normal electrodiagnostic testing of the back and lower extremities by report 11/25/13, headaches (possible post-concussion syndrome). Exam on 4/29/14 showed "patient ambulates with significant limp to the left. Tenderness in the lumbar midline from L3 to sacrum and over the bilateral paraspinals. Sensation is diminished to pinprick over medial aspect of left thigh and lateral aspect of the right foot. Straight leg raise test is negative bilaterally seated at 90 degrees." [REDACTED] is requesting facet rhizotomies. The utilization review determination being challenged is dated 5/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/5/13 to 7/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet rhizotomies: Upheld

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

Back - Lumbar & Thoracic, Chapter (updated 10/18/2008)Lumbar Spine, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, low back chapter for facet joint radio frequency neurotomy.

Decision rationale: This patient presents with lower back pain and left knee pain. The treater has asked for facet rhizotomies on 4/29/14. Review of the reports do not show any evidence of a prior facet rhizotomy or of facet diagnostic blocks being done in the past. For radio frequency neurotomy of L-spine, ACOEM states that it gives mixed results, and ODG recommends on a case-by-case basis, after a positive response to a facet diagnostic block. The patient has not had a prior facet diagnostic block, which ODG requires with a positive response prior to a rhizotomy. Additionally, the request does not specify at which levels the rhizotomy will take place. In this case, the requested facet rhizotomies are not considered medically necessary.