

Case Number:	CM14-0081072		
Date Assigned:	07/18/2014	Date of Injury:	05/15/2006
Decision Date:	08/25/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 Neurosurgery 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 injured worker is a 56 year old male who sustained an injury to his low back on 05/15/06 which lifting some tools weighing about 175 pounds with another coworker. The injured worker stated that he was bending over and while twisting the tools, he felt a pop in his low back with immediate onset of severe pain radiating into the bilateral lower extremities. A few days later, the injured worker was sent to the company clinic. Plain radiographs were taken, he was given pain medications, back brace, and placed on modified work duty, but no modified work duty was available and he essentially worked regular duty. Physical therapy only temporarily relieved his symptoms. He was treated for a few months with no benefit. He stated that chiropractic manipulation treatment helped somewhat. The injured worker also received three epidural steroid injections to the lumbar spine that helped the injured worker subsequently underwent back surgery in 2006. Heavy lifting made the pain worse. Magnetic resonance image of the lumbar spine dated 08/05/10 revealed diffuse disc bulge measuring 2-3mm at L4-5 and L5-S1. Physical examination of the thoracolumbar spine noted flexion of 75 degrees, extension of 25 degrees, right rotation of 20 degrees, left rotation of 25 degrees, right bending of 20 degrees, left bending of 25 degrees; muscle testing within normal limits; reflexes +2 at the knees/ankles; no sensory loss to sharp or dull sensation noted in the bilateral lower extremities; straight leg raise positive at 90 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine facet rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The request for lumbar spine facet rhizotomy is not medically necessary. The level and laterality were not specified in the request. No information was submitted indicating that the patient had successful lumbar medial branch blocks prior to the request for radiofrequency ablation. The Official Disability Guidelines state that treatment with this modality is under study. There is conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on case by case basis. Studies have not demonstrated improved function. Given this, the request for lumbar spine facet rhizotomy is not indicated as medically necessary.