

Case Number:	CM14-0090801		
Date Assigned:	07/23/2014	Date of Injury:	09/04/2013
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 26 year old female was reportedly injured on September 4, 2013. The mechanism of injury is a slip and fall on water. A note dated May 19, 2014, states that the injured employee did receive prior diagnostic facet injections which significantly help the injured employee symptoms. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of right wrist/hand pain as well as left knee pain. The physical examination demonstrated that the injured employee ambulated with an antalgic gait. There was decreased sensation in the left thigh and the lateral aspect of the right foot as well as muscle weakness in the right extensor hallucis longus. There was a bilateral straight leg raise test at 90 degrees. There was tenderness over the lumbar spine and paraspinal muscles without spasms. Diagnostic nerve conduction studies of the upper extremities were normal. An MRI of the lumbar spine noted degenerative changes. Previous treatment includes physical therapy. A request was made for facet rhizotomies and was not certified in the pre authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet rhizotomies (with Dr. Vik Singh): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back- Lumbar & Thoracic.

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, Facet Joint Radiofrequency Neurotomy, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for the use of facet joint radiofrequency neurotomy includes that previous diagnostic blocks provide at least twelve weeks of relief with greater than fifty percent pain relief. While the injured employee was stated to have completed previous diagnostic facet injections with good relief, it is unclear how much relief and for how long. Without this information, this request for facet rhizotomies is not medically necessary.