

Case Number:	CM14-0091593		
Date Assigned:	07/25/2014	Date of Injury:	01/28/2012
Decision Date:	08/28/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/17/2014

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 Texas. 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 58-year-old female who reported an injury on 01/28/2012. The mechanism of injury was not stated. Current diagnoses include lumbar degenerative disc disease, lumbar facet arthrosis, chronic lumbar back pain, history of SI joint injection, chronic pain syndrome, and insomnia. The injured worker was evaluated on 05/12/2014, and she reported 80% reduction in pain and symptoms following a lumbar medial branch facet injection on 02/07/2014. The current medication regimen includes Norco and Ambien. Physical examination revealed limited lumbar range of motion, positive facet loading maneuvers, tenderness to palpation, and intact sensation. Treatment recommendations included a radiofrequency rhizotomy at L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

RADIOFREQUENCY RHIZOTOMY AT RIGHT L4, L5, S1, AND BILATERAL SACRAL ALA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the documentation submitted, the injured worker was previously treated with a left L4, L5, and S1 medial branch facet injection on 02/17/2014. Although it was noted that the injured worker reported 80% improvement in symptoms over 2 weeks, there was no objective evidence of functional improvement. Therefore, the current request cannot be determined as medically appropriate in this case. As such, the request is not medically necessary.