

Case Number:	CM14-0093143		
Date Assigned:	07/25/2014	Date of Injury:	10/18/2006
Decision Date:	09/09/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 claimant is a 42-year-old gentleman who injured his low back on 10/18/06. The medical records provided for review document that the claimant continues to be treated conservatively. The MRI dated 12/3/13 showed L4-5 disc bulging with right sided neural foraminal narrowing. The 4/29/14 follow-up assessment notes continued axial back pain and that the claimant received greater than 70 percent relief for four months following a rhizotomy procedure to the left L3 through L5 levels. Physical examination was documented to be unchanged with restricted range of motion, pain with hyperextension but no documented neurologic findings. The recommendation was made for a repeat rhizotomy procedure, based on the benefit of the prior procedure. The claimant has also been treated with medication management, epidural steroid injections, work restrictions, and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency Destruction Lumbar L3,L4,L5 Using Fluroscopy with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Facet joint radiofrequency neurotomy.

Decision rationale: The California ACOEM Guidelines supported by Official Disability Guidelines do not support this request. The ACOEM Guidelines state that lumbar facet neurotomies reportedly produce mixed results. The Official Disability Guidelines recommend that facet rhizotomies should be repeated if documentation of six months of benefit is noted with the initial procedure. While this individual saw 70 percent pain relief, it was only for a four month period of time according to the documentation in the medical records. Without documentation of six months of pain relief, the repeat procedure is not supported by the guideline criteria. As such, the request is not medically necessary.