

Case Number:	CM14-0093296		
Date Assigned:	07/25/2014	Date of Injury:	08/23/2007
Decision Date:	09/29/2014	UR Denial Date:	06/12/2014
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 has a subspecialty in Sports Medicine and is licensed to practice in Maryland. 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 69 year old male who had a work related injury on 08/23/07. He suffered an injury when he fell exiting his truck. He injured his neck, shoulder, and low back on 08/23/07. MRI dated 10/13/11 revealed an old mild compression fracture L1, disc protrusion at L2, disc protrusion abutting the thecal sac at L2-3, 34, and L4-5 and grade 2 retrolisthesis at L5-S1. The injured worker underwent lumbar epidural steroid injections, sacroiliac joint injections, apparently had a radiofrequency neurolysis of the sacroiliac joint in 07/12. Most recent clinical documentation submitted for review was dated 07/11/14 VAS score remained 6-7/10. On physical examination the patient was alert and oriented times four. Demonstrated sciatic notch tenderness bilaterally. He had exquisite focal tenderness over sacroiliac joints bilaterally, which remained positive provocative to provocative maneuvers. He had significant focal tenderness over the facets with positive provocation bilaterally, worse on the right side. There were associated paraspinous muscle spasms in the lumbar spine, particularly around the facets. Decreased range of motion in the lumbar spine and cervical spine to flexion/extension and lateral rotation. He had significant pain with flexion/extension movements of the trunk. There were deficits to light touch, thermal, and vibratory sensation over the dermatomes at L5 and S1 in the right lower extremity. There was motor weakness in the left lower extremity and dorsiflexion at 4+/5. Ankle reflexes were absent bilaterally. He had radicular pain in upper extremities and lower extremities. Previous utilization review on 06/12/14 was non-certified. Clinical documentation submitted for review does not indicate that the patient has undergone any median branch blocks, facet blocks. Current request was for bilateral facet rhizotomy L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Rhizotomy L4-L5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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 Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Low back chapter, Facet joint radiofrequency neurotomy. The Expert Reviewer's decision rationale: The request for Bilateral Facet Rhizotomy L4-L5, L5-S1 is not medically necessary. The clinical information submitted for review does not support the request. Clinical documentation submitted for review does not indicate that the patient has undergone any median branch blocks, facet blocks. ODG requires a diagnosis of facet joint pain using a medial branch block. Therefore, medical necessity has not been established.