

Case Number:	CM14-0097142		
Date Assigned:	07/28/2014	Date of Injury:	09/29/2010
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/25/2014

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, has a subspecialty in Interventional Spine 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 case involves a 52 year-old male with a 9/29/10 date of injury. According to the 4/2/14 neurosurgical PR2 report from [REDACTED], the patient presents with low back and left leg pain radiating all the way down. The patient was in the process of getting a right foot operation. There are no objective findings and no diagnoses provided. [REDACTED] states he is reluctant to order any epidural steroid injections (ESI) which in the past have been successful, but he is a candidate for rhizotomy. He requests a left L4/5 and L5/S1 rhizotomy. UR denied the request on 6/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy to lumbar spine at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines)-TWC Low Back Procedure Summary last updated 05/12/2014 Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, for Facet Joint Radiofrequency Neurotomy.

Decision rationale: According to the 4/2/14 neurosurgical PR2 report from [REDACTED], the patient presents with low back and left leg pain radiating all the way down. The patient was in the process of getting a right foot operation. There are no objective findings and no diagnoses provided. [REDACTED] states he is reluctant to order any ESI which in the past have been successful, but he is a candidate for rhizotomy. He requests a left L4/5 and L5/S1 rhizotomy. Records show that the patient had hip replacement on 9/30/13. There is a 2/3/14 report from [REDACTED] stating the effects of the radiofrequency lesion has worn off, and he has low back, left hip and left knee pain. There is no mention of how long the radiofrequency procedure lasted or the levels of the procedure or if there were any diagnostic medial branch blocks. There is no mention when the patient had the ESIs. MTUS/ACOEM guidelines do not recommend lumbar radiofrequency ablation (RFA) without diagnostic medial branch blocks (MBB). ODG guidelines for diagnostic MBB state these are limited to non-radicular back pain. The patient is reported to have radiating back pain down the left leg, and is also reported to have had good results with lumbar ESI which is intended for radiculopathy. The records provided do not show that the patient had the diagnostic MBB, but suggest that the patient would not be a candidate for the test. The records suggest the patient had the RFA procedure in the past, but there is no mention of the percentage of pain relief or duration of benefit with the prior RFA. ODG guidelines state rhizotomies are under study and MTUS/ACOEM does not recommend these for the lumbar spine. The reporting is vague and does not document any functional improvement. The request is not in accordance with MTUS/ACOEM or ODG guidelines. Recommend not medically necessary.