

Case Number:	CM14-0014989		
Date Assigned:	02/28/2014	Date of Injury:	06/11/2010
Decision Date:	03/06/2015	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old female who was injured at work on 06/11/2010. She is reported to be complaining of pain and discomfort in the neck and lower back. The physical examination revealed loss of lumbar lordosis and straightening of the lumbar spine, limited range of motion of the lumbar spine. Neck movements were associated with pain; there was palpable paravertebral tenderness and spasms, positive FABER and straight leg raise, but normal heel toe walk and reflexes. The worker has been diagnosed of Lumbosacral neuritis, Lumbar disc displacement, and Lumbago. The MRI of the Lumbar region dated 11/04/10 revealed L5-S1 annular disc bulge with severe left lateral disc osteophyte complex contacting and flattening the L5 nerve root; repeat Lumbar MRI in 11/13/12 revealed degenerative disc disease at L5/S1 with diffuse disc bulge superimposed on broad based central and left disc protrusions Bilateral neuroforaminal narrowing left greater than right, contact of the exiting nerve roots. The X-ray revealed L5/S1 Facet arthropathy. Treatments have included radiofrequency procedure in 01/23/12, but outcome is unknown; most recently was Lumbar transforminal injection which provided three weeks of pain relief. At dispute is the request for Facet Radiofrequency Rhizotomy LT L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Radiofrequency Rhizotomy LT L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 06/11/2010 . The medical records provided indicate the diagnosis of Lumbosacral neuritis, Lumbar disc displacement, and Lumbago. The MRI of the Lumbar region dated 11/04/10 revealed L5-S1 annular disc bulge with severe left lateral disc osteophyte complex contacting and flattening the L5 nerve root; repeat Lumbar MRI in 11/13/12 revealed degenerative disc disease at L5/S1 with diffuse disc bulge superimposed on broad based central and left disc protrusions Bilateral neurofornaxial narrowing left greater than right, contact of the exiting nerve roots. The X-ray revealed L5/S1 Facet arthropathy. Treatments have included radiofrequency procedure in 01/23/12, but outcome is unknown; most recently was Lumbar transforminal injection which provided three weeks of pain relief. The medical records provided for review do not indicate a medical necessity for FACET RADIOFREQUENCY RHIZOTOMY LT L4-5, L5-S1. The treatment is not medically necessary and appropriate due to lack of documentation of benefit in the past, and the fact that this is not recommended by MTUS and the ODG. The MTUS does not recommend the use of Facet Radiofrequency Rhizotomy due to lack of supporting literature. The Official Disability Guidelines does not recommend it due to conflicting results.