

Case Number:	CM14-0130289		
Date Assigned:	10/16/2014	Date of Injury:	04/12/2002
Decision Date:	01/09/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/14/2014

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 New York. 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 patient has chronic low back pain. Physical examination shows wide-base gait. There is tenderness to palpation the lumbar spine. Straight leg raising is positive. The patient has had 2 previous lumbar rhizotomy which gave 6-8 months' worth of back pain relief. The patient continues to have back pain. At issue is whether additional lumbar rhizotomy medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 through S1 medial branch facet joint rhizotomy and neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence and the Non MTUS Official Disability Guidelines (ODG); Low Back Pain Chapter.

Decision rationale: This patient does not meet establish criteria for repeat lumbar rhizotomy. Guidelines indicate that approval of repeat rhizotomy should only be done if medical records documents significant improvement VAS core in functional improvement. The medical records

do not document the patient's reduction in VAS core; medication usage and degree improve function after previous rhizotomy treatment. Therefore, additional rhizotomy treatment is not medically necessary.

Hot/Cold Unit: Upheld

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

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.

Decision rationale: Guidelines do not recommend hot cold therapy for chronic low back pain. Hot cold therapy has not been shown to improve outcomes in patients with LBP. Therefore, this request is not medically necessary.

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 90 and 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS guidelines do not recommend the use of narcotics for chronic LBP. Also, the medical records in this case do not show evidence of functional improvement with narcotic use. Since additional narcotic therapy is not recommended per guidelines, then urine tox screen is not medically necessary.