

Case Number:	CM14-0193641		
Date Assigned:	12/01/2014	Date of Injury:	07/15/1996
Decision Date:	01/15/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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 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 patient is a 52 year old male with an injury date on 7/15/96. Patient complains of continuing low lumbar pain and bilateral leg pain, right greater than left, with pain rated 7-9/10, constant with no relief per 8/21/14 report. The patient has tried extensive conservative care including physical therapy, injections, rhizotomies, which have stopped being functional per 8/21/14 report. The patient was scheduled for surgery for L4-S1 decompression, instrumentation, TLIF, instrumentation and fusion for spondylolisthesis, instability, and stenosis but during preop discussion, changed his mind and wanted to retry facet rhizotomies per 10/9/14 report. As progress reports dated 4/8/14 to 10/9/14 do not contain a diagnosis, the 1/21/14 progress report provided by the treating physician gave the diagnosis as ACQ spondylolisthesis. A physical exam on 10/9/14 showed "restricted range of motion of L-spine." The patient's treatment history includes physical therapy, injections, and rhizotomies. The treating physician is requesting bilateral facet rhizotomy L4-S1. The utilization review determination being challenged is dated 10/20/14. The requesting physician provided treatment reports from 1/14/13 to 10/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet rhizotomy L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic-Chapter (Updated 10/18/2008)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301,127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter, for Sacroiliac joint radio frequency neurotomy and L-spine Chapter, RF ablation

Decision rationale: In this case, the patient presents with worsening pain following prior rhizotomy. There was 6-7 months of pain relief, but no documentation of medication reduction, ADL changes, or change in work status as a result of the previous rhizotomy. ODG recommends a repeat rhizotomy if there is documentation of functional improvement. The requested repeat bilateral facet rhizotomy L4-S1 is not medically necessary.