

Case Number:	CM14-0028830		
Date Assigned:	06/16/2014	Date of Injury:	10/23/2003
Decision Date:	01/06/2015	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery 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:

Claimant has a reported industrial injury on 10/23/03. Progress note from February 8, 2014 demonstrates the claimant reported worsening low back pain, right buttock pain radiating to the upper back. Records report in the past a prior rhizotomy has helped her condition for approximately 10 months. Report states that the claimant has pain with sitting and burning in the legs. Objective findings demonstrate a non-antalgic gait and no neurologic deficits. Request is made for bilateral L4-5 and L5-S1 medial branch and facet rhizotomies. There is no attached MRI report of the lumbar spine for review. No attached physical therapy notes are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 medical branch and racet rhizotomies / 2 units: 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 Disorders-Clinical Measures-Injection Therapy-Radiofrequency Neurotomy, Neurotomy, And Facet Rhizotomy ,

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, Facet Joint Radiofrequency Neurotomy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 2/8/14 demonstrating this formal plan has been contemplated or initiated. In addition there is lack of an MRI report in the submitted records of the lumbar spine. Therefore the request is not medically necessary and appropriate.