

Case Number:	CM15-0007610		
Date Assigned:	01/26/2015	Date of Injury:	03/27/2010
Decision Date:	03/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 53 year old male with an industrial injury dated March 27, 2010. The injured worker diagnoses include degenerative disc disease lumbar and lumbar radiculopathy. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, L4-5 bilateral facet block, physical therapy, consultation, and periodic follow up visits. According to the progress note dated 11/03/2014, the injured worker reported low back pain. Physical exam revealed bilateral pain over lumbar facets with decrease range of motion. The treating physician prescribed injection: lumbar facet rhizotomy. Utilization Review (UR) determination on December 15, 2014 denied the request for lumbar facet rhizotomy, citing MTUS, ACOEM guidelines and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back: Facet joint chemical rhizotomy and facet joint radiofrequency neurotomy

Decision rationale: The patient has low back pain and facet joint tenderness. The ODG notes that the requested procedure is not a recommended treatment. It is not medically necessary and is not consistent with ODG.