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| Case Number: | CM15-0190038 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 11/02/2012 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, who sustained an industrial injury on November 2, 2012. He reported injury to his knee. In August 2013, the injured worker reported symptoms in his low back. The injured worker was diagnosed as having pain in joint lower leg and lumbar degenerative disc disease. Treatment to date has included knee surgery, diagnostic studies, medications, knee injections and physical therapy. On August 1, 2015, an MRI of the lumbar spine without contrast revealed transitional anatomy at the lumbosacral junction, severe degenerative disc disease at L5 transitional level, 4mm broad-based posterior disc endplate osteophyte complex, bilateral facet arthropathy, moderate to severe bilateral neural foraminal stenosis with partial effacement of bilateral L5 dorsal root ganglia, 3mm broad-based posterior disc protrusion at L4-L5 with annular tear, mild central canal stenosis, mild to moderate facet arthropathy and ligamentum flavum hypertrophy, mild to moderate bilateral stenosis and mild degenerative disc disease. On September 1, 2015, the injured worker complained of constant, severe pain in the low back with radiation of pain into the right lower extremity. The pain was rated as a 10 on a 1-10 pain scale. Physical examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Seated nerve root test was positive. Standing flexion and extension were guarded and restricted. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg, foot and L5-S1 dermatomal patterns. The treatment plan included medications and lumbar epidural injections. On September 15, 2015, utilization review denied a request for rhizotomy L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per Guidelines, radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial without evidence of radicular findings not met here with continued radiating low back pain, radicular findings, and MRI findings without noted benefit of any previous facet block injections. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in opioid prescription dosage and medical utilization or an increase in ADLs and function for greater than 50% sustained for at least 6 months duration from any blocks if performed for this chronic 2012 injury. The Rhizotomy L4-S1 is not medically necessary and appropriate.