

Case Number:	CM15-0192924		
Date Assigned:	10/07/2015	Date of Injury:	08/19/1983
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	10/01/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 58 year old male who sustained an industrial injury on 8-19-1983. A review of medical records indicates the injured worker is being treated for chronic low back pain, lumbar spondylosis, status post spine surgery, lumbar spine degenerative disc disease L5-S1, and mechanical low back pain. Medical record dated 7-28-2015 noted low back pain. He is status post Rhizotomy L4-5, L5-S1 on 1-20-2015 and reports this provided 90-99% pain relief for two months. He last worked in 1990. Pain was rated a 7-8 out of 10. Pain was rated an 8 out of 10 at the previous visit. Physical examination noted tenderness to palpation over the left and right lumbar facet region. Sensation was intact to the lower extremity. MRI of the lumbar spine dated 10-14-2013 revealed facet arthropathy. Treatment has included 24 sessions of physical therapy, bilateral medial branch block with good relief, and spine surgery. Medications included Norco since at least 3-24 -2015 which allows him pain relief and to be more active and to obtain sleep. Utilization review form dated 8-26-2015 noncertified bilateral lumbar Rhizotomy L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Rhizotomy, L4-L5, L5-S1 (sacroiliac), Qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability

Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Facet joint radiofrequency neurotomy; Facet Joint Pain, Signs & Symptoms; Facet Joint Diagnostic Blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of rhizotomy. ODG Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy states that it is not recommended. It states "Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder." As the guidelines do not recommend the procedure, the determination is for non-certification. Therefore, the request is not medically necessary.