

Case Number:	CM15-0193395		
Date Assigned:	10/07/2015	Date of Injury:	03/30/2004
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
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 47 year old female, who sustained an industrial injury on 3-30-2004. The injured worker is undergoing treatment for chronic pain syndrome and lumbar intervertebral disc degeneration. Medical records dated 8-26-2015 indicate the injured worker complains of increasing back pain radiating to the right lower extremity. She reports prior rhizotomy in June 2014 provided 99% pain reduction and lasted a year. Physical exam dated 8-26-2015 notes tenderness to palpation of paraspinal iliolumbar area with decreased range of motion (ROM). There is decreased sensation of the knees and ankles. Treatment to date has included lumbar rhizotomy magnetic resonance imaging (MRI), Flector patch, Norco oxycodone, Soma, Topamax and activity alteration. The original utilization review dated 9-1-2015 indicates the request for bilateral L4 and L5 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L4 and L5 rhizotomy injection: Upheld

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

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: According to ODG 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 8/26/15 demonstrating this formal plan has been contemplated or initiated. Therefore the determination is not medically necessary.