

Case Number:	CM15-0057179		
Date Assigned:	04/02/2015	Date of Injury:	12/28/2010
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 67 year old male with an industrial injury dated 12/28/2010. His diagnoses includes severe right neural foraminal narrowing at lumbar 3-4, multi-level disc herniation of the cervical spine with stenosis, cervical radiculopathy and lumbar radiculopathy. Prior treatments include lumbar facet medial branch block with good relief until the next day , epidural steroid injection with 2 days of relief, chiropractic therapy 12 sessions and medications (which reduce his pain by 40%). In the progress note dated 01/28/2015 the injured worker presents with neck pain rated as 4/10 on the pain scale. He also complains of low back pain and right shoulder pain with difficulty sleeping. He describes the low back pain as a burning type pain with pins and needles in his right lower extremity with numbness and tingling in his right foot. He rates his pain as 6/10 on the pain scale. Physical exam notes tenderness to palpation in right side of lumbar spine. There was decreased range of motion in cervical and lumbar spine. Right upper extremity motor exam is severely limited by pain with tenderness over the entire right shoulder. The treatment plan consisted of rhizotomy at the right lumbar 2-3 facets with the provider documenting decreased pain and increased function following the medial branch block to lumbar 2-3. Other treatments included a referral to a joint replacement specialist and pain management with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomy right L2-L3 medial branch nerves: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

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 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 1/28/15 demonstrating this formal plan has been contemplated or initiated. Therefore, the determination is for non-certification and is not medically necessary.