

Case Number:	CM15-0080074		
Date Assigned:	05/01/2015	Date of Injury:	05/22/2002
Decision Date:	06/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 32-year-old male, with a reported date of injury of 08/07/2014. The diagnoses include right lumbar radiculopathy, lumbar spine strain, and lumbar extruded disc herniation at L4-5 and large protrusion at L5-S1. There are associated diagnoses of anxiety, insomnia and depression. Treatments to date have included acupuncture, PT, pain injections /rhizotomy and oral medications. The last lumbar rhizotomy procedures in 2010 resulted in 60% reduction in pain for more than 6 months. The progress report dated 04/08/2015 indicates that the injured worker had flare-ups to his lower back. The objective findings include a non-antalgic gait, tenderness to palpation in the upper, mid, and lower paravertebral muscles of the low back, increased pain with lumbar motion, negative straight leg raise test, lumbar flexion at 20 degrees, lumbar right lateral bending at 20 degrees, lumbar left lateral bending at 15 degrees, lumbar right lateral rotation at 25 degrees, lumbar left lateral rotation at 20 degrees, lumbar extension at 15 degrees and decreased sensation of the bilateral lower extremities in the L5 distribution. The treating physician requested bilateral L3-L4, L5-S1 rhizotomies. The medications listed are Norco, DDS, Senna, Effexor and nortriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral L3-L4 and L5-S1 radiofrequency rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic) (Acute & Chronic), Facet Joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that rhizotomy can be utilized for the treatment of non radicular lumbar pain when conservative treatments with medications and PT have failed. The records indicate that the patient completed lumbar fusion surgery after the 2010 lumbar rhizotomy procedure. There is no documentation of a recent lumbar facet median branch block procedures. The guidelines recommend that rhizotomy can be considered following significant pain relief from diagnostic facet procedure. The documented objective and radiological findings did not indicate significant lumbar facet pathology. The criteria for bilateral L3-L4 and L5-S1 lumbar radiofrequency rhizotomy under fluoroscopy was not met. The request is not medically necessary.