

Case Number:	CM14-0147501		
Date Assigned:	09/15/2014	Date of Injury:	12/03/2001
Decision Date:	10/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 78 year old male sustained a back injury 12/3/01. He has had multiple low back surgeries, status post RF rhizotomy in 2009, status post sacroiliac injection 2011 and 2012, status post medial branch facet injections 4/30/13 resulting in a 70% reduction in his low back pain apparently lasting several weeks. Right L3-S1 RF rhizotomy had been done x 4 2007 to 2012 with benefit lasting up to 9 months. Acupuncture, although at one time helpful, this time has not been of benefit. The patient started that facet injections 4/30/13, bilateral L3-S1 provided the most benefit with a 70% reduction in back pain, functional improvement in terms of performance of ADLs., marked reduction in analgesics and now, as of 7/30/14, pain has recurred. Bilateral L3-S1 RF Rhizotomy is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-S1 Radiofrequency Rhizotomy, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter: 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 (ODG), Treatment Index, 9th Edition (web), Facet joint Radiofrequency neurotomy, Pg. 36

Decision rationale: Diagnostic blocks have proven successful. Examination is consistent with facet pain. Prior rhizotomy provided relief of at least 70% for several months with improved function and benefit with decreased analgesics. Bilateral L3-S1 Rhizotomy will likely benefit the patient again. However, the request is for four levels and medical evidence-based Guidelines dictate only two levels at least a week apart. The request is not medically necessary at this time.