

Case Number:	CM14-0210107		
Date Assigned:	12/23/2014	Date of Injury:	01/14/2013
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

Patient is a 58 year-old male with date of injury 01/14/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/10/2014, lists subjective complaints as pain in the low back. Patient is status post a right L3-L5 medial branch block injection on 06/11/2014 and a left L3-L5 medial branch block on 06/17/2014 and reported 70% relief. Objective findings: Examination of the lumbar spine revealed bilateral tenderness of the paravertebral muscles, left side greater than right. No spinous process tenderness was noted. Flexion and extension caused pain with range of motion. Lumbar facet loading was positive on both sides. Straight leg raise was negative on both sides. Diagnosis: 1. Sprains and strains of lumbar region 2. Cervical radiculopathy 3. Lumbosacral spondylosis without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR RHIZOTOMY L3, L4, L5 UNDER FLUOROSCOPY:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: According to the Official Disability Guidelines, criteria for use of facet joint radiofrequency neurotomy depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. Although the patient does not fit all of the criteria, he has had excellent results with diagnostic blocks achieving pain relief up to 70% which makes him a good candidate for rhizotomy. I am reversing the previous utilization review decision. Bilateral lumbar rhizotomy at L3-4 and L4-5 is medically necessary.