

Case Number:	CM15-0172639		
Date Assigned:	09/14/2015	Date of Injury:	08/18/1983
Decision Date:	10/14/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 8-18-1983. The medical records indicate that the injured worker is undergoing treatment for cervical disc degeneration, cervical facet arthropathy, lumbar disc degeneration, lumbar facet arthropathy, and chronic pain. According to the progress report dated 8-5-2015, the injured worker complains of constant neck and low back pain. His neck pain radiates down the bilateral upper extremities, associated with numbness, tingling, and muscle weakness. The low back pain radiates down the bilateral lower extremities, associated with numbness in the right lower extremity. The pain is reported as recently worsened. On a subjective pain scale, he rates his pain 3 out of 10 with medications and 10 out of 10 without. Interference with activities of daily living due to pain over the past month is rated 10. The physical examination of the cervical spine reveals tenderness over C3-7; occipital tenderness upon palpation bilaterally, moderately limited range of motion due to pain, and positive facet signs bilaterally. Examination of the lumbar spine reveals tenderness to palpation over L3-S1, moderately limited range of motion due to pain, positive facet sign and negative straight leg raise bilaterally. Treatment to date has included medication management, physical therapy (helpful), deep tissue massage (helpful), acupuncture (limited benefit), chiropractic (limited benefit), lumbar epidural steroid injection (helpful), and facet block (helpful). Work status is described as currently not working; permanently disabled. The plan of care includes neurologist evaluation, MRI of the cervical and lumbar spine, and radiofrequency rhizotomy in the bilateral C3-5 and L4-S1. The original utilization review (8-17- 2015) had non-certified a request for radiofrequency rhizotomy bilateral C3-5 and L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency rhizotomy bilateral at C3-C5 qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Pain Chapter- Criteria for the use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- neck chapter and pg 27.

Decision rationale: In this case, the claimant had an unknown amount of benefit from prior use of blocks. The last treatment was 3 years go without specific information of levels treated. Rhizotomy is considered under investigation. MRI is pending to determine pathology and correlate with symptoms. There has been no recent MRI for 17 years. The guidelines consider the Rhizotomy under investigation. As a result, the request for C3-C5 Rhizotomy is not medically necessary.

Radio frequency rhizotomy bilateral L4-S1 qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute & Chronic) updated 02/13/14, Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- low back chapter and pg 40.

Decision rationale: In this case, the claimant had unknown amount rhizotomies in the past and details of benefit from prior use of blocks in unknown. The last treatment was 3 years go without specific information of levels treated. Rhizotomy is considered under investigation. MRI is pending to determine pathology and correlate with symptoms. There has been no recent MRI for 17 years. The guidelines consider the Rhizotomy under investigation. As a result, the request for L4-S1 Rhizotomy is not medically necessary.