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| Case Number: | CM15-0064112 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 07/01/2003 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/07/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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 (IW) is a 41 year old male who sustained an industrial injury on 07/01/2003. He reported back pain. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, postlaminectomy syndrome of lumbar region, lumbar radiculopathy, chronic pain syndrome, myalgia and myositis, unspecified, sacroiliitis, not elsewhere classified, and spasm of back muscles. Treatment to date has included a bilateral L4, L5 radiofrequency rhizotomy on 07/28/2014, which was greatly beneficial and provided him with at least 90% pain relief for at least six months, and medications for pain. Currently, the injured worker complains of right sided low back pain with radiculopathy. The treatment plan includes requests for a repeat Bilateral L4 and L5 radiofrequency rhizotomy, and prescriptions of Neurontin and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and L5 Radiofrequency Rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Radiofrequency Neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- low back pain and pg 39.

Decision rationale: According to the guidelines, there is conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. The evidence has found there to be short-term benefit. The claimant had a prior rhizotomy in July 2014. The ACOEM guidelines do not recommend invasive procedures due to short term benefit. The request for additional RF Rhizotomy is not medically necessary.