

Case Number:	CM15-0076092		
Date Assigned:	04/27/2015	Date of Injury:	08/23/2000
Decision Date:	05/26/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 49 year old male sustained an industrial injury to the neck and back on 8/23/00. Previous treatment included magnetic resonance imaging, cervical surgery, lumbar facet rhizotomies and medications. In a PR-2 dated 3/19/15, the injured worker complained of increased right sided low back pain that stopped him from completing activities of daily living. The injured worker was requesting a repeat lumbar facet rhizotomy. The injured worker reported substantial sustained benefit from lumbar facet rhizotomy done in 2011 with six months of pain relief and improved functional mobility and one year of pain relief from previous facet rhizotomies. Current diagnoses included status post cervical disc replacement with chronic cervical spine myofasciitis, lumbar spine spondylosis and chronic pain syndrome. The treatment plan included repeat right lumbar facet rhizotomy at L4-S1 and continuing Subutex.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Repeat right lumbar facet rhizotomy at L4-S1: Overturned

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 and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for facet rhizotomy, CA MTUS does not address repeat procedures. ODG notes that a neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. Within the documentation available for review, the provider noted that the patient obtained complete pain relief for six months after the previous procedure and specific examples of functional improvement were given. In light of the above, the requested facet rhizotomy is medically necessary.