

Case Number:	CM15-0079725		
Date Assigned:	04/30/2015	Date of Injury:	06/02/2003
Decision Date:	06/04/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/27/2015

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: Florida

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 45 year old male, who sustained an industrial/work injury on 6/2/03. He reported initial complaints of low back pain. The injured worker was diagnosed as having degenerative disc disease (L3-4 through L5-S1), lumbar facet arthropathy, Treatment to date has included oral and topical medication, diagnostics, injection, surgery (rhizotomy on 12/4/13). MRI results were reported on 12/12/09. Currently, the injured worker complains of low back pain (R>L) with occasional shooting pain down the posterior legs, constant throbbing, with worsening with lumbar extension and rotation. Per the primary physician's progress report (PR-2) on 3/31/15, examination reveals tenderness with palpation of left buttocks, full range of motion, pain worsened with extension/rotation, lateral, positive Patrick's test on right. Current plan of care included continue current medications, restart Lidoderm patch, and facet rhizotomy. The requested treatments include Facet Rhizotomy at Bilateral L4-L5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Rhizotomy at Bilateral L4-L5, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 03/24/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Facet joint radiofrequency neurotomy.

Decision rationale: MTUS guidelines do not specifically address criteria for performing facet joint radiofrequency rhizotomy. Therefore, ODG guidelines were referenced. The ODG states that repeat neurotomy procedures can be performed after 6 months has passed, and that there should be documentation of >50% pain relief that lasted for at least 12 weeks. This patient's case meets criteria. In fact, the requesting physician states that 70% pain relief was achieved for greater than 12 months with a 2013 rhizotomy procedure. The utilization review physician did not certify this request based off believing that this patient has radiculopathy. The requesting physician has submitted additional documentation that states that this patient does not have radiculopathy. This patient's case satisfies ODG criteria for a repeat rhizotomy procedure. Therefore, the request is medically necessary.