

Case Number:	CM14-0116283		
Date Assigned:	08/04/2014	Date of Injury:	01/03/2005
Decision Date:	09/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 51-year-old female was reportedly injured on 1/3/2005. The mechanism of injury was not listed in the records reviewed. The most recent progress note 7/14/2014 indicated that there were ongoing complaints of chronic low back pain that radiated down into the left lower extremity. The physical examination demonstrated lumbar spine negative straight leg raise. Faber test and Gaenselen test are positive on the left. There is positive tenderness to palpation at left Posterior Superior Iliac Spine (PSIS). No recent diagnostic studies are available for review. Previous treatment included previous lumbar nerve ablation, back brace, medications, H wave device, and conservative treatment. A request was made for lumbar nerve ablation and was not certified in the pre-authorization process on 7/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar nerve ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: There is no recommendation for or against the use of radiofrequency neurotomy, or facet rhizotomy for treatment of patients with chronic low back pain confirmed

with diagnostic blocks, but who do not have radiculopathy and who have failed conservative treatment. After review of the medical documentation provided, it is noted the injured worker has had previous lumbar nerve ablation in July 2013 and initially felt worse but then reported benefit. Unfortunately, there is insignificant documentation of the patient's response, which would need to be greater than 50% improvement in pain from the first procedure for the first 8 weeks. Therefore, this request is deemed not medically necessary.