

Case Number:	CM14-0203788		
Date Assigned:	12/16/2014	Date of Injury:	09/17/2013
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient has a longstanding history of radicular low back pain to both lower extremities. Electrodiagnostic testing has demonstrated L5 and S1 radiculopathies. The patient has reported benefit from prior epidural injection treatment for radicular lower extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet nerve block (MBB) at L3-L4 and L4-L5 with fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM Guidelines states that invasive procedures such as facet injections in the lumbar spine are of questionable merit. In this case, the patient has a long history of radicular lower extremity pain; thus the clinical presentation is not clearly consistent with or suggestive of facet-mediated pain and for this reason as well invasive pain management for

presumed facet-mediated pain is not supported by the guidelines. For these reasons the current request is not medically necessary.