

Case Number:	CM13-0046622		
Date Assigned:	12/27/2013	Date of Injury:	02/21/2011
Decision Date:	04/24/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 34 year-old with a date of injury of 02/21/11. A progress report associated with the request for services, dated 09/30/13, identified subjective complaints of right low back pain. Objective findings included tenderness to palpation of the lumbar spine with decreased range-of-motion. Motor function was normal bilaterally. Diagnoses included lumbar disc disease and L3-4 and L4-5 facet joint arthropathy. The record states that he had a positive diagnostic facet joint block at those levels. Treatment includes an NSAID. A Utilization Review determination was rendered on 10/25/13 recommending non-certification of "BILATERAL FACET JOINT NERVE ABLATION AT L3-4 AND L4-5 WITH FLUOROSCOPIC GUIDANCE".

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL FACET JOINT NERVE ABLATION AT L3-4 AND L4-5 WITH FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS 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)

Decision rationale: Also called facet Rhizotomy, the Medical Treatment Utilization Schedule (MTUS) Guidelines note that neurotomy of facet joint nerves of the cervical spine provides good temporary relief of pain. Similar quality literature does not exist for the lumbar region and those neurotomies produce mixed results. The Official Disability Guidelines (ODG) state that studies have not demonstrated improved function. They also state there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, a formal plan of additional evidence-based conservative care in addition to facet joint therapy is not outlined. Likewise, there is little evidence recommending lumbar facet nerve ablations. Therefore, there is no documented medical necessity for the lumbar facet joint nerve ablations.