

Case Number:	CM14-0214253		
Date Assigned:	01/07/2015	Date of Injury:	08/08/2013
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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 & Rehabilitation

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's treating diagnoses include lumbar facet syndrome, lumbar radiculitis, L5-S1 disc herniation, and lumbar sprain/strain. On 9/8/14 the treating orthopedic physician noted the patient had intermittent back pain radiating to both legs with a history of epidural injection treatment. On exam the patient had marked tenderness to palpation over the lower lumbar paraspinals with decreased sensation in a right L5 dermatomal distribution. The patient was diagnosed with low grade facet arthropathy at L5-S1 with an osteophyte complex not contacting the thecal sac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Nerve Ablation Procedure 1-2 Times: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: ACOEM guidelines states that invasive treatment of the lumbar spine such as facet injections are of questionable merit. In this case, not only does that general caution apply but also the patient has been followed for ongoing radicular lower extremity pain, which is not suggestive of a facet-mediated condition. Additionally the records submitted for IMR review do not clearly document a successful medial branch block prior to proceeding to nerve ablation. Overall the patient's presentation does not suggest facet-mediated signs and symptoms. This request is not medically necessary.