

<b>Case Number:</b>	CM13-0010219		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 claimant is a 62-year-old female presenting with low back pain following a work-related injury on July 18, 2012. The medical records noted that the claimant denied any radiating pain but reported bilateral leg weakness. The claimant did report left-sided lower back pain. The physical exam was significant for positive straight leg raise on the left, severe tenderness in the upper lumbar and lower lumbar spine from L2-L3 to L4-L5, moderately decreased lumbar range of motion, and facet loading was positive bilaterally. The claimant's physical exam on another date of service did note that the straight leg raise was negative bilaterally. Lumbar MRI was significant for mild spinal canal narrowing at L3-4 due to combination of moderate facet arthritis and anterolisthesis of L3 on L4 as well as disc bulge. The claimant has tried cervical epidural steroid injection which gave her 75% relief. She also tried an L4-5 transforaminal epidural steroid injection, physical therapy and medications including Norco, baclofen, and Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L2-3, L4-5, L5-S1 medial branch nerve block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines: Therapeutic Facet Joint Injections-Recommendations and the ODG Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain, Criteria for the use of diagnostic blocks for facet "mediated" pain

**Decision rationale:**