

<b>Case Number:</b>	CM13-0014581		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	02/21/1993
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 51 year old male who sustained a work related injury on 2/21/1993 as result of an unknown mechanism of injury. Since then he has developed nearly persistent lower back pain that is 4/10 with the use of medications, and a 7-9/10 without them and worsening stiffness in his neck. His pain is aggravated by physical activity, but improved with medication use. The submitted documentation indicates the patient complains of both neck and lower back pain with associated lower extremity radiation of pain with concomitant numbness and tingling. His physical findings include positive facet loading and tenderness to palpation of the lumbar paraspinal muscles, tenderness to palpation of cervical paraspinal muscles and tenderness of the Trapezius muscles with positive facet loading bilaterally in the neck. The patient has no sensory, motor or deep tendon reflex deficits; however, he has a positive left sided straight leg raise. Imaging studies demonstrate both cervical and lumbar disc bulging with facet arthropathy. The patient has undergone epidural steroid injections, chiropractic care, acupuncture and physical therapy as well as medicinally for the treatment of his pain. His pain medication works to moderate his pain level to allow for activities of daily living. In dispute is the request for Bilaterally Lumbar Facet Block L3-L4, L4-L5, and L5-S1 with Fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL LUMBAR FACET BLOCK L3-L4, L4-L5, L5-S1 WITH FLUOROSCOPY:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Medial Branch Blocks (therapeutic injections).

**Decision rationale:** The ODG do not recommend medial branch blocks except as a diagnostic tool. The request is for a three level block. The ODG allow no more than 2 levels bilaterally to patients with low back pain that is non-radicular. As such, the request is not medically necessary and appropriate.