

<b>Case Number:</b>	CM13-0038758		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Neurology, has a subspecialty in Neuromuscular Disorders and is licensed to practice in California. 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:

██████████ is a 56 year old woman who sustained a work related injury on October 10, 2011. According to the note dated September 26, 2013, the patient paraspinal tenderness with reduced range of motion. She had and EMG/NCV which demonstrated evidence of generalized neuropathy and cervical/lumbar radiculopathy. She had an MRI of lumbar spine which demonstrated disc bulging at the level of L3-5. On November 12, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A Lumbar Facet Block Bilateral L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 300,309.

**Decision rationale:** According to MTUS guidelines, Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Facet injections are not recommended for chronic back pain because of limited evidence of its efficacy. There is no recent documentation of failure of conservative therapies. Therefore, the request Lumbar Facet Block Bilateral L4-S1 is not medically necessary.

