

<b>Case Number:</b>	CM13-0051756		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/12/2007
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Orthopedic Surgery 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 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 is a 58-year-old gentleman who was injured in a work related accident on 10/12/07 sustaining an injury to the low back. Clinical records for review indicate ongoing complaints of low back pain with recent assessment of 07/25/13 indicating restricted and painful range of motion with guarding, an antalgic gait and tenderness to the facet joints specifically. Previous treatment to date was not noted. He was recommended to undergo medial facet branch blockade from the L3 thru the S1 level bilaterally at that time for further definitive care. MRI report reviewed from 02/25/13 demonstrated multilevel disc bulging from L2-3 thru L5-S1 with mild to moderate foraminal narrowing at L4-5 and L5-S1, but no other specific clinical findings. There is no indication of further injectables noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block, L3-S1 bilaterally:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Low Back Procedure -Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** CA MTUS states, " Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The specific request in this case is for bilateral injections at three levels which in and of itself would negate the need for the above procedure. The role of the three level procedure as requested would not be indicated. The request for Medial Block, L3-S1 bilaterally is not medically necessary.