

<b>Case Number:</b>	CM13-0054681		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/05/2007
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 injured worker is a 52-year-old female who reported an injury on August 5, 2007. The mechanism of injury was not provided for review. The injured worker was evaluated on October 23, 2013. It was documented that the injured worker had 7/10 to 9/10 pain. Physical findings at that appointment included tenderness to palpation of the cervical facets at the C3-C6 bilaterally and tenderness to palpation over the lumbar facets at the L4-5 and L5-S1 bilaterally with an increase in pain with range of motion. The injured worker's diagnoses included chronic pain syndrome, spinal stenosis of the cervical spine, cervical radiculopathy, thoracic or lumbosacral neuritis or radiculitis, displacement of the lumbar intervertebral disc without myelopathy, cervicgia, back pain, shoulder pain, knee pain, anxiety, insomnia, and depression. The injured worker's treatment plan included physical therapy and a request was made for cervical and lumbar medial branch blocks to assess the injured workers pain generator. The injured worker was again evaluated on January 15, 2014. There was no change in the injured worker's clinical presentation. It was documented that the injured worker had attempted to participate in land based physical therapy that caused an increase in pain. Therefore, request was made for reauthorization of aquatic therapy for the cervical and lumbar spine to increase range of motion and function and decrease pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR SPINE FACET BLOCK BILATERAL L4-L5 AND L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**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 Chapter, Facet Injections, Diagnostic Section.

**Decision rationale:** The requested lumbar spine facet blocks at bilateral L4-5 and L5-S1 are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this treatment modality. Official Disability Guidelines recommend medial branch blocks for diagnostic purposes for patients who have well documented facet mediated pain that has failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker is participating in conservative active therapy, the result of which would need to be provided prior to determining the appropriateness of medial branch blocks. The request for lumbar spine facet blocks, bilaterally at the L4-5 and L5-S1 are not medically necessary or appropriate.