

<b>Case Number:</b>	CM13-0071368		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 59-year-old female sustained an injury to her low back on April 10, 2012. Available for review is a recent clinical assessment from December 16, 2013 documenting follow-up for ongoing axial complaints for "several months". The pain is predominantly at the L4-5 and L5-S1 facet levels. At that time the claimant was noted to be status post a prior discectomy from August 2012 at the left L4-5 level. The record documented that the leg pain subsided but that she still had residual symptoms. Recent treatment since surgery is documented to have included physical surgery, medication management, sacroiliac joint injections, lumbar epidural steroid injections, and chiropractic modalities. It is documented that previous medial branch blockade at the L4-5 and L5-S1 levels had been carried out on March 20, 2013, and that the pain has now "returned". A repeat set of facet medial branch blocks at the L4-5 and L5-S1 level were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL FACET MEDIAL BRANCH BLOCKS L4-5 AND L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DG-TWC Low Back Procedure Summary last updated 10/09/2013

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. 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:** Records indicate the claimant had a positive diagnostic response to previous medial branch blockade at the requested levels in March of 2013. Guideline criteria recommend the role of one set of diagnostic blockade prior to proceeding with facet rhizotomy. The need for a second diagnostic injectable at the L4-5 or L5-S1 level would not be supported. From a therapeutic point of view, Guidelines only recommend the role of one therapeutic injection from a facet standpoint and this has already been carried out. In that the requested injections are recommended only as a diagnostic tool and injections have already been done, the medical necessity for the request has not been established.