

<b>Case Number:</b>	CM14-0179461		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/08/2007
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Emergency Medicine 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:

The injured worker is a 61 year-old male who sustained an injury on August 8, 2007. The mechanism of injury and pertinent diagnostics were not noted. Treatments have included medications. The current diagnosis includes lumbar disc degeneration. The stated purpose of the request for bilateral L5 dorsal ramus block, left hip was not noted. The request for bilateral L5 dorsal ramus block, left hip was denied on October 17, 2014, citing a lack of documentation of exam evidence of facet-mediated pain. Per the report dated September 8, 2014, the treating physician noted complaints of low back pain with radiation to both hips. Exam findings included lumbar paraspinal spasm and restricted lumbar range of motion, but without significant tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5 dorsal ramus block, left hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**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 Diagnostic Blocks (Injections)

**Decision rationale:** The requested bilateral L5 dorsal ramus block, left hip, is not medically necessary. Official Disability Guidelines (ODG), low back - lumbar & thoracic (acute & chronic), facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has low back pain with radiation to both hips. The treating physician has documented lumbar paraspinal spasm and restricted lumbar range of motion, but without significant tenderness. The treating physician does not document exam evidence of facet-mediated pain or the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result. The criteria noted above not having been met, this request is not medically necessary.