

<b>Case Number:</b>	CM14-0035029		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 31-year-old female who was reportedly injured on June 6, 2011. The mechanism of injury is listed in these records reviewed. The most recent progress note dated March 17, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'7", 170 pound individual in no acute distress. There was tenderness to palpation in the paraspinal musculature of the lumbar spine and over the facet joints. A decrease in lumbar spine range of motion is noted. Muscle strength was 5/5. Diagnostic imaging studies objectified translation through the L5-S1 interspace. Subluxation approximately 14 mm was noted. Previous treatment included previous injections and multiple medications. A surgical recommendation was made and there was a reference noted that the surgery had been certified in the preauthorization process. A request had been made for multiple level medial branch blocks and was not certified in the pre-authorization process on March 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided diagnostic bilateral L4-L5 and L5-S1 facet joint medial block injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 102/127.

**Decision rationale:** The records presented for review indicate a spondylolisthesis, subluxation and translation as well as pain with extension. Clearly, there are multiple pathologies being pursued. Given that there were complaints of lower extremity pain and pain with extension, it is not clear if this pain generator is from the facet joints or the disc lesion and nerve root encroachment. Therefore, with the presence of radicular findings, such an intervention is not supported. As such, this is not medically necessary.