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| <b>Case Number:</b>   | CM14-0075151 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 11/26/2012 |
| <b>Decision Date:</b> | 09/19/2014   | <b>UR Denial Date:</b>       | 04/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/22/2014 |

### 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 39-year-old gentleman who was reportedly injured on November 26, 2012. The mechanism of injury is noted as reaching to pick up a water bottle. The most recent progress note dated April 15, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Ultracet, Terocin, and Nabumetone. The physical examination demonstrated tenderness over the facet joints of the lumbar spine particularly the left L4 - L5 facet and the lumbar spine paraspinal muscles. There was a negative straight leg raise test and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine indicated a pars defect at L5 and mild disc space narrowing at L4 - L5 without any facet arthropathy. Previous treatment includes a previous left-sided L4 - L5 and L5 - S1 medial branch block performed on September 5, 2013. A request was made for a left-sided L4 - L5 and L5 - S1 facet medial branch block and was not certified in the pre-authorization process on April 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-5 and L5-S1 Facet Medial Branch Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, Facet joint diagnostic blocks.

**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 and Thoracic, Facet Joint Medial Branch Blocks, Updated August 22, 2014.

**Decision rationale:** A review of the medical record indicates that the injured employee has reviewed the received a left-sided L4 - L5 and L5 - S1 medial branch block which resulted in 50% pain relief for approximately one month's time. According to the Official Disability Guidelines, additional facet blocks or therapeutic blocks are only recommended as a diagnostic tool and continued therapeutic blocks are not recommended. Considering this, the request for a left L4 - L5 and L5 - S1 facet medial branch block is not medically necessary.