

<b>Case Number:</b>	CM14-0077324		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/07/2004
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 records presented for review indicate that this 62 year-old gentleman was reportedly injured on June 7, 2004. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated May 6, 2014, indicates that there are ongoing complaints of low back pain and spasms. The physical examination demonstrated tenderness over the spinous processes of the lumbar spine, in lumbar spine facet compression causes pain. Diagnostic imaging studies of the lumbar spine indicate an L5 to S1 pars defect with spondylolisthesis as well as multilevel disc protrusions. Previous treatment includes a lumbar fusion at L5 to S1, physical therapy, chiropractic care, lumbar spine injections, and oral medications. A request was made for right sided lumbar medial branch blocks from L3 through S1 under fluoroscopic guidance and was not certified in the preauthorization process on May 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet medial branch blocks; right L3-S1 under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 Diagnostic Blocks.

**Decision rationale:** According to the official disability guidelines; lumbar spine medial branch blocks should not be performed at more than two levels and one session and should not be performed at the level of a previous fusion. As this request is for injections at three levels and the injured employee has had a previous lumbar spine fusion at L5 to S1, this request for lumbar facet medial branch blocks on the right from L3 through S1 is not medically necessary.