

<b>Case Number:</b>	CM14-0198246		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Family Practice 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 sustained a work related injury on August 13, 2012, standing on a backhoe, slipping, and falling, hitting the low back on a step. An Interventional Pain Physician's note dated September 30, 2014, noted the injured worker with complaints of increasing left lower back pain and intermittent numbness in the left leg, treated successfully in the past by radiofrequency. Physical examination was noted to show lumbar facet joints tender to palpation, pain with lumbar extension and rotation to the left, and sensory loss noted in the lateral thigh and left calf. The diagnoses were noted as rule out left lumbar facet pain, and left piriformis syndrome. The Physician requested authorization for a left lumbar medial block L4-L5, with IV sedation, and fluoroscopy. On October 30, 2014, Utilization Review evaluated the request for left lumbar medial block L4-L5, with IV sedation, and fluoroscopy, citing the Official Disability Guidelines (ODG) Low Back Chapter. The UR Physician noted there was no note of new injury, home exercise, or current functional status. The UR Physician noted the injured worker appeared to have had a prior diagnostic medial block at the requested levels, with unclear rationale to repeat blocks at the same level, and that the proposed treatment did not meet medical necessity guidelines. The decision was subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lumbar medial blocks L4-5, IV sedation, Fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter

**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, Facet joint diagnostic blocks.

**Decision rationale:** Based on guidelines it states one set of medial branch blocks is required with atleast 70% improvement. Secondly there should be failed treatment with NSAIDs, home exercises or physical therapy. According to the medical records there is no documentation that prior treatment is not improving pain and thus is not medically necessary.