

<b>Case Number:</b>	CM14-0198628		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	06/20/2007
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/07/2014
<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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 66-year-old male with a 6/20/07 date of injury. At the time (10/14/14) of the request for authorization for bilateral L4-L5 lumbar facet injection, monitored anesthesia care, epidurography Libbel Surgical, there is documentation of subjective (low back pain that radiates into the proximal buttocks, numbness, paresthesia, and weakness, on and off left lower extremity mild numbness and tingling) and objective (paralumbar spasm, 2+ tenderness to palpation bilaterally over the L4-5 and L5-S1 facets, ) findings, current diagnoses (low back pain, lumbar disc displacement, lumbar radiculopathy, and painful swelling of joint), and treatment to date (medication and physical therapy). There is no documentation of low-back pain that is non-radicular.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 lumbar facet injection, monitored anesthesia care, epidurography Libbel Surgical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs).

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar disc displacement, lumbar radiculopathy, and painful swelling of joint. In addition, there is documentation of failure of conservative treatment (medication and physical therapy) prior to the procedure for at least 4-6 weeks and no more than 2 joint levels to be injected in one session. However, given documentation of low back pain that radiates into the proximal buttocks, numbness, paresthesia, and weakness, on and off left lower extremity mild numbness and tingling, there is no documentation of low-back pain that is non-radicular. Therefore, based on guidelines and a review of the evidence, the request for bilateral L4-L5 lumbar facet injection, monitored anesthesia care, epidurography Libbel Surgical is not medically necessary.