

<b>Case Number:</b>	CM14-0208534		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 patient is a 73 year old female who was injured on 11/27/2001. The diagnoses are cervical post laminectomy fusion syndrome, lumbar radiculopathy, lumbar post-laminectomy fusion syndrome, low back pain and depression. The lumbar spine imaging studies showed intact fusion, anterolisthesis of L4 on L5 and facet arthropathy. The patient had completed PT and home exercise. On 11/11/2014, there was subjective complaint of low back pain. The pain score was rated at 2-6/10 of a scale of 0 to 10. There was tenderness of the lumbar spine facet joints and SI joints bilaterally. The patient denied numbness, tingling or weakness of the extremities. The medications listed are Baclofen, Duloxetine, Effexor, Norco and Flexeril. The patient failed treatment with NSAIDs, Lyrica, Elavil, Lexapro and Wellbutrin. A Utilization Review was rendered on 11/24/2014 recommending non certification for bilateral L2, L4, L5 median branch blocks for L4-5, L5-S1 facet joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L2, L4, L5 medial branch nerve for L4-L5 & L5-S1 facet joints:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back. Facet Injections.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of low back pain when conservative treatments with medications and physical therapy have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnoses of lumbar facet syndrome. The patient had completed and failed conservative management with medications and PT. The criteria for bilateral L2, L4 and L5 lumbar facet median branch injections was met.