Case Number:	CM15-0001818		
Date Assigned:	01/12/2015	**Date of Injury:**	08/16/2011
Decision Date:	03/12/2015	**UR Denial Date:**	12/11/2014
Priority:	Standard	**Application Received:**	01/05/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 male, who sustained an industrial injury on 08/16/2011. He has reported back pain. The diagnoses have included C6-7 disc degeneration, L5-S1 disc degeneration, L5-S1 facet arthropathy, and right knee contusion resolved. Treatment to date has included x-rays of lumbar and cervical spine, medication and lumbar facet blocks at the L3-L5 level on the right which was note to reduce pain on right side. Currently, the IW complains of lower back pain. Treatment plan included left sided diagnostic facet blocks at L3-4 and L4-5 levels and return in 4-6 weeks for re-evaluation. On 12/11/2014 Utilization Review non-certified left L3-4, L4-5 diagnostic facet block, noting the lack of medical necessity. The MTUS, ACOEM Guidelines, ODG were cited.On 01/05/2015 the injured worker submitted an application for IMR for review of Injection: left L3-4, L4-5 diagnostic facet block. The documentation indicates that the patient had a 7/24/13 bilateral facet injection. Per documentation an 11/26/14 document states that the patient received L3-L5 facet blocks on the right. The UR documentation dated 12/11/14 indicates that the patient was authorized for a left medial branch block at L4-5. The 11/26/14 progress note indicates that the patient has L5-S1 facet tenderness, decreased L5 dermatome sensation. +Facet loading. 5/5 BLE strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Left L3-4, L4-5 Diagnostic Facet Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Low back pain

Decision rationale: Left L3-4, L4-5 Diagnostic Facet Block is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The ODG states that for diagnostic facet blocks it is recommended that no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The documentation is not clear on whether the patient has had or been authorized a left L3-4, L4-5 facet injection or not in the past. The prior UR states the patient was recently authorized for a left medial branch block at L4-5. Without clarification of this information the left L3-4,>4-5 diagnostic facet block is not medically necessary.