

<b>Case Number:</b>	CM15-0002737		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	11/03/2000
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old male with a date of injury as 11/03/2000. The cause of the injury was related to Lifting an engine part. The current diagnoses include lumbar disc disease. Previous treatments include discectomy in November 2000, disc replacement in 2005, and multiple radiofrequency ablations to L3, L4, and L5, most recently done on 7/24/2014. Report dated 8/12/2014 noted that the injured worker presented with complaints that included increasing low back and right leg pain The injured worker was advised that he may remain off of work. The utilization review performed on 12/12/2014 non-certified a prescription for left L3-L4 & L4-L5 medial branch block #1 based on a discrepancy with the requested treatment versus what is listed in the progress note. It was further stated that there is no medical indication to repeat the medial branch block at this time. The reviewer referenced the Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECTION LEFT L3-L4 & L4-L5 MEDIAL BRANCH BLOCK #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.  
Decision based on Non-MTUS Citation Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

**Decision rationale:** Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks as the patient continues to exhibit radicular symptoms with consistent clinical findings and MRI results that indicate stenosis with possible nerve impingement identified. Additionally, submitted reports show no clear exam findings consistent with facet arthropathy nor is there extenuating circumstances to repeated injections without documented functional improvement from previous treatment rendered beyond the guidelines criteria. The INJECTION LEFT L3-L4 & L4-L5 MEDIAL BRANCH BLOCK #1 is not medically necessary and appropriate.