

<b>Case Number:</b>	CM15-0002971		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Arizona

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 51-year-old male who reported an injury on 07/25/2013. The mechanism of injury was not stated. The current diagnoses include cervical spondylosis, late effects of traumatic brain injury, lumbar spondylosis, and myofascial pain syndrome. The injured worker presented on 12/09/2014 with complaints of right shoulder pain as well as numbness in the left lower extremity. Upon examination, there was tenderness over the left lower trapezius, intact sensation from L1 through L4, decreased sensation at L5 on the left, and 2+ deep tendon reflexes. Recommendations at that time included continuation of the current medication regimen of naproxen and gabapentin, as well as bilateral L3-5 medial branch blocks, and left L5 Pars steroid injection. A Request for Authorization was then submitted on 12/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Medial Branch Block at Left L3, L4, and L5:** Upheld

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

[http://www.acoempracguides.org/Low Back; Table 2, Summary Official Disability Guidelines \(ODG\); Work Loss Data Institute, LLCwww.odg-twc.com; Section: Low Back](http://www.acoempracguides.org/Low Back; Table 2, Summary Official Disability Guidelines (ODG); Work Loss Data Institute, LLCwww.odg-twc.com; Section: Low Back)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic block.

**Decision rationale:** California MTUS ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when there is evidence of facet joint pain, signs, and syndromes. There should also be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. According to the documentation provided, there is no objective evidence of facet mediated pain upon examination. Additionally, there is no documentation of a recent attempt at any conservative treatment to include physical therapy/exercise. Given the above, the request is not medically appropriate.