

<b>Case Number:</b>	CM15-0008361		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Massachusetts

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

This is a 46 year old female with an industrial injury dated 07/25/2012 resulting in back pain. The mechanism of injury was not documented. At visit dated 12/10/2014 the injured worker was continuing to have pain which was waking her during the night. She had been taking Ambien and stated her sleep was better. She describes her pain as 8/10 without her medications and 5/10 with medications. Physical exam noted slightly positive impingement signs in the right shoulder. The lumbar spine was tender to palpation with extension of tenderness into the bilateral buttocks. There is pain elicited upon manipulation of the facet levels at L4-5 and L5-S1. Diagnosis included chronic low back pain, lumbar strain, possible lumbar DDD, right shoulder impingement syndrome, seizure disorder and recent breast cancer, and situational depression and pain related insomnia. Prior treatments include epidural steroid injection (with some improvement for a few days), electrodiagnostic studies and x-rays of thoracic and lumbar spine. MRI of the lumbar spine done on 09/11/2012 was unremarkable. On 12/17/2014 Utilization review non-certified the request for facet blocks L4-5 and L5-S1. MTUS, ACOEM and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Facet block L4-L5 and L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet Joint Intra-articular injections (therapeutic blocks)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections)

**Decision rationale:** The claimant is more than two years status post work-related injury and continues to be treated for symptoms including chronic low back pain. When seen by the requesting provider, she was having back pain reproduced with manipulation of the lower lumbar facet joints. Prior treatments had included medications, physical therapy, chiropractic care, and injections. Criteria for the use of lumbar diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has non-radicular symptoms and has failed treatment with medication and physical therapy. The number of medial branch blocks (at L4-5 and L5-S1) is within guideline recommendations and therefore medically necessary.