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| <b>Case Number:</b>   | CM15-0103742 |                              |            |
| <b>Date Assigned:</b> | 06/08/2015   | <b>Date of Injury:</b>       | 08/07/2012 |
| <b>Decision Date:</b> | 07/08/2015   | <b>UR Denial Date:</b>       | 04/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/01/2015 |

### 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 64 year old female, who sustained an industrial injury on 8/7/12. She reported neck, back, bilateral shoulder, right knee and right ankle pain. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right knee sprain/strain, right ankle sprain/strain and steroid allergy. Treatment to date has included acupuncture, oral medications, lumbar epidural steroid injection, physical therapy and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 10/1/14 revealed multilevel degenerative disc disease, L4-5 intervertebral disc space with evidence of grade I spondylolisthesis and diffusely bulging disc and L5-S1 intervertebral disc space with degeneration and desiccation of the intervertebral disc space and broad based disc osteophyte complex with hypertrophied facets. Currently, the injured worker complains of continued low back pain with associated lower extremity radiculopathy. She is able to work with modified duties. Physical exam noted diffuse tenderness over the lumbar paravertebral musculature and moderate facet tenderness over the L4-S1 spinous processes. A request for authorization was submitted for bilateral L3 through L5 medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-L5 Medial Branch Blocks Correlating with the Bilateral L4-S1 Facets:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 5th Edition, Low Back, Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks, Facet joint diagnostic blocks (injections).

**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 ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

**Decision rationale:** Per Guidelines, 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, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints, diagnosis of lumbar radiculopathy s/p lumbar epidural injections. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results at all levels requested. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L3-L5 Medial Branch Blocks Correlating with the Bilateral L4-S1 Facets is not medically necessary and appropriate.