

<b>Case Number:</b>	CM15-0104920		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	06/16/1969
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/16/2015
<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: 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 68 year old male sustained an industrial injury on 6/16/69. He subsequently reported low back, neck and shoulder pain. Diagnoses include lumbar sprain/ strain, bilateral lumbar facet joint pain and lumbar facet joint arthropathy. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience bilateral low back pain with radiation to the buttocks, left neck pain and left shoulder pain. Upon examination, tenderness to palpation of the bilateral lumbar paraspinal muscles overlying the L4-L5 and L5-S1 facet joints. Lumbar spine range of motion was restricted in all directions was noted. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion were negative bilaterally. A request for Fluoroscopically-guided diagnostic bilateral L4-L5 and bilateral L-S1 facet joint medial branch block was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically-guided diagnostic bilateral L4-L5 and bilateral L-S1 facet joint medial branch block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant is more than 45 years status post work-related injury and continues to be treated for low back pain. When seen, pain was radiating to the buttocks. There was pain with range of motion, increased with extension and side bending. There was a normal neurological examination with negative straight leg raising. Prior treatments have included medications, physical therapy, and chiropractic care. Criteria for the use of 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 axial low back pain with pain with maneuvers that cause facet loading and has undergone extensive prior conservative treatment. The criteria are met and therefore the requested lumbar medial branch block procedure is medically necessary.