

<b>Case Number:</b>	CM15-0130941		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	11/02/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 11/02/2014. He reported falling sideways on a hard floor, hurting his left elbow and low back. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, lumbar facet arthropathy, and leg length discrepancy. Treatment to date has included diagnostics, physical therapy, lumbar support, and medications. Currently, the injured worker complains of persistent low back pain, non-radiating. Medications included Tramadol and Naproxen. Pain rating was 8/10, 7/10 at best, and 9/10 at worst. Exam of his lumbar spine noted decreased lordosis and tenderness to palpation primarily in the lower lumbar paraspinals. The impression noted was axial, extension based back pain. He was prescribed Mobic. The treatment plan included bilateral medial branch blocks at L3, L4, and L5. His work status was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar medical branch block at L3, L4, L5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 sustained a work-related injury in November 2014 and continues to be treated for low back pain. Treatments have included physical therapy and medications. When seen, he was having low back pain. He was using a lumbar brace 2 hours per day. There was decreased lumbar range of motion and pain with maneuvers that would cause facet loading. Imaging is referenced as showing lumbar facet arthropathy. 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 positive facet loading and has undergone extensive prior conservative treatment. Imaging is consistent with the procedure being requested. The criteria are met and lumbar medial branch blocks are medically necessary.