

<b>Case Number:</b>	CM15-0183831		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/03/2009
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 33-year-old male who sustained an industrial injury 10-03-09. A review of the medical records reveals the injured worker is undergoing treatment for myofascial pain syndrome, lumbar spine strain, and bilateral lumbosacral facet syndrome. Medical records (08-27-15) reveal the injured worker complains of pain in the back and buttocks. The pain is not rated. The notes are handwritten and difficult to decipher. The physical exam (08-27-15) reveals lumbar spine paraspinal muscle spasms. Prior treatment includes medications, and ultrasound guided injections. The original utilization review (09-11-15) non-certified the request for bilateral L3-4 and L4-5 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-L4, L4-L5 Medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**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, no more than one therapeutic intra-articular block is suggested and with positive significant pain relief of 70% for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation not identified here. There is no report of acute flare-up, ADL limitation, progressive deficits or functional change for this chronic injury in terms of increased ADLs, decreased pharmacological profile and dosing along with decreased medical utilization from treatment previously rendered. Additionally, facet injections/blocks are not recommended in patient who may exhibit radicular symptoms or performed over 2 joint levels concurrently (L3, L4, L5) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic 2009 injury. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L3-L4, L4-L5 Medial branch block is not medically necessary and appropriate.