

<b>Case Number:</b>	CM15-0190451		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 26 year old female, who sustained an industrial injury on 05-06-2013. The injured worker was not working as of 03-16-2015. Medical records indicated that the injured worker is undergoing treatment for lumbar pain, lumbosacral pain, bilateral sacroiliac joint pain, sciatica, and right knee pain. Treatment and diagnostics to date has included MRI's, home exercise program, physical therapy, massage therapy, chiropractic treatment, medial branch blocks, and medications. Current medications include Fluoxetine, Ibuprofen, Topiramate, and TriNessa. After review of progress notes dated 08-24-2015 and 09-14-2015, the injured worker reported low back pain rated 4 out of 10 and knee pain rated 1 out of 10. Objective findings included decreased lumbar and right knee range of motion with tenderness, pain to bilateral lumbar and right knee areas, positive bilateral Kemp's test, and positive straight leg raise test to the left. The treating physician stated that the lumbar spine MRI in June 2013 showed that "the intervertebral disc exhibit normal height. The vertebral marrow signal characteristics and body heights are preserved. The conus medullaris terminates near L1-2". The request for authorization dated 09-16-2015 requested L4-L5 and L5-S1 facet block and follow up appointments. The Utilization Review with a decision date of 09-21-2015 non-certified the request for outpatient L4-5 and L5-S1 facet block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet block, L4-L5 and L5-S1 (sacroiliac), as outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Facet joint injections.

**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 chapter and pg 36.

**Decision rationale:** According to the guidelines, blocks are appropriate in those who have failed conservative treatment and do not have radiculopathy. In this case, the claimant does have facet arthropathy without radiculopathy. There is persistent back pain. There have been requests for blocks for the prior 3 months but no evidence that they were performed. The request for the L4-S1 facet block is appropriate and necessary.