

<b>Case Number:</b>	CM15-0193041		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 46 year old male, who sustained an industrial injury on January 08, 2010. The injured worker was diagnosed as having cervicalgia, cervical radiculopathy, lumbago, lumbar radiculopathy, failed back surgery syndrome, status post spinal cord stimulator placement, lumbar facet dysfunction, anxiety, and depression. Treatment and diagnostic studies to date has included above noted procedure, computed tomography of the lumbar myelogram, psychological and psychiatric treatment, medication regimen, laboratory studies, x-ray of the lumbar spine, x-ray of the thoracic spine, status post injection to the lumbar spine, and status post hardware injections. In a progress note dated August 17, 2015 the treating physician reports complaints of pain that was rated a 9 out of 10, but decreases to a 7 out of 10 with the injured worker's medication regimen and rest. Examination performed on August 17, 2015 was revealing for decreased range of motion to the lumbar spine, positive bilateral straight leg raises, positive bilateral Spurling's testing, decreased sensation to the bilateral feet, weakness to the bilateral lower extremities, tenderness to the lumbar paraspinal muscles, tenderness to the sacroiliac joint region, and tenderness to the greater trochanteric bursa. The progress note from August 17, 2015 noted that prior injection to the lumbar spine "did not help" the injured worker. The progress note from August 17, 2015 only included the medication Cymbalta. The progress note from secondary physician on August 20, 2015 noted prior diagnostic hardware injection of the lumbar four, five, and sacral one pedicle screws with date not included that provided about a 20% decrease in the injured worker's pain. The injured worker's medication regimen on August 20, 2015 included Ultram ER (since at least July of 2015) and Norco (since at least February of

2015) that was noted to provide relief of pain to function during the day along with the use of his spinal cord stimulator, but the progress note did not include the injured worker's numeric pain level as noted on a visual analog scale with and without the use of his medication regimen. On August 17, 2015 the treating physician requested bilateral lumbar facet medial branch blocks at lumbar three to four and lumbar five with fluoroscopy to decrease the injured worker's pain and inflammation, increase the injured worker's range of motion to facilitate the injured worker's progress in his treatment programs, and to avoid surgery. On September 01, 2015 the Utilization Review determined the request for bilateral lumbar facet medial branch blocks at lumbar three to four and lumbar five with fluoroscopy to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral lumbar facet medial branch blocks at L3-L4, and L5 with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint diagnostic blocks (injections).

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

**Decision rationale:** Per the guidelines, invasive techniques such as joint injections are of questionable merit in low back pain. Though the history and exam do suggest chronic back pain, the worker does not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, or medications. There are no red flags on physical exam to warrant further invasive procedures. The records do not substantiate the medical necessity of Bilateral lumbar facet medial branch blocks at L3-L4, and L5 with fluoroscopy.