

<b>Case Number:</b>	CM15-0195349		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/29/2000
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 55 year old male, who sustained an industrial injury on July 29, 2000, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease, lumbar canal stenosis, lumbar facet arthropathy and lumbar radiculitis. Treatment included 14 sessions of physical therapy with massage provided temporary relief, transcutaneous electrical stimulation unit provided no relief, 7 sessions of chiropractic sessions provided no relief, 4 sessions of acupuncture provided no relief, pain medications, home exercise program, anti-inflammatory drugs and sleep aides. Currently, the injured worker complained of persistent low back pain with numbness and tingling radiating into his right leg and foot. He rated his low back pain 8 out of 10 on a pain scale from 1 to 10. He noted he only gets minimal relief from medications. The treatment plan that was requested for authorization on October 5, 2015, included a medial branch block of the lumbar spine. On September 17, 2015, a request for a medial branch block of the lumbar spine was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block at right L4-5 and L5-S1, quantity: 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment Index, 11th Edition (web), updated 05/11/15, Low Back, Facet joint diagnostic blocks (injections).

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

**Decision rationale:** Per Guidelines, medial branch/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, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints, diagnosis of radiculopathy. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently L4, L5, S1), or at previous surgical fusion sites. Submitted reports have not demonstrated support outside guidelines criteria. The Medial branch block at right L4-5 and L5-S1, quantity: 2 is not medically necessary and appropriate.