

<b>Case Number:</b>	CM15-0200127		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 66 year old female who sustained an industrial injury on July 07, 2010. The worker is being treated for: cervical disc degeneration, facet arthropathy; lumbar disc displacement; bilateral shoulder pain, and chronic pain. Subjective: January 21, 2015, March 18, 2015, July 08, 2015 "constant neck pain radiating down bilateral upper extremities, left side greater." There is also "occasional tingling in the left upper extremity to the fingers." Neck pain is associated with bilateral occipital headaches, described as aching, dull and moderate in severity. There is complaint of "low back pain radiating down bilateral lower extremities." She reports medication associated gastritis. She also reported chest pain with left jaw and left upper extremity radiation associated with palpitations and shortness of breath. Medications: January 21, 2015, March 18, 2015, July 08, 2015 states "worsened neck pain and is again taking more medication." Reports benefit with Gabapentin and Naproxen, and states medication "is well tolerated." There is note of "since last visit she has taken a few Norco that were left over." Treatment modality: drug therapy, activity modifications, and or physical therapy, yoga. On September 16, 2015 a request was made for bilateral medial branch nerve block L3-4, L4-5 that was noncertified by Utilization Review on September 23, 2015.

### 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 median branch nerve block under fluoroscopy qty: 4.00: 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 (ODG), Neck and Upper Back, Facet joint therapeutic steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Follow-up Visits.

**Decision rationale:** CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints, page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks requires that the clinical presentation to be consistent with the set mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case, the exam note from 7/8/15 demonstrates radicular complaints. Therefore, the request is not medically necessary and the determination is for non-certification.