

<b>Case Number:</b>	CM15-0028624		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 58 year old male who sustained an industrial injury on 1/2/12. The injured worker reported symptoms in the back. The diagnoses included low back pain from multifactorial chronic etiologies with features of facet mediated pain and persistent low back pain with a lumbar fusion. Treatments to date include status post lumbar decompression and fusion, oral pain medication, activity modifications, physical therapy, and chiropractic treatments. In a progress note dated 1/8/15 the treating provider reports the injured worker was with "low back pain...rated at a 6/10... paraspinal muscles tender to palpation...extension and rotation is painful bilaterally." On 1/16/15 Utilization Review non-certified the request for bilateral L3, L4, L5 medial branch block times four for the lumbar spine quantity of 4. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3, L4, L5 medial branch block times four for the lumbar spine qty:4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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, criteria for use of facet joint injection.

**Decision rationale:** Guidelines recommend medial branch block for treatment of facet arthropathy. In this case, there is no documentation of focal tenderness over a facet joint region, thus not supporting a diagnosis of facet arthropathy. Furthermore, no more than 2 facet joint levels are recommended in one session. Thus, the request for bilateral L3, L4, and L5 medial branch block X4 for the lumbar spine is not medically necessary and appropriate.