

<b>Case Number:</b>	CM15-0211254		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 male, who sustained an industrial injury on 3-7-2014. The injured worker is undergoing treatment for: cervical radiculopathy, lumbago, lumbar facet dysfunction and stenosis, left shoulder pain, bilateral hand pain, carpal tunnel syndrome, and trigger finger. On 8-24-15, he reported his neck pain rated 3 out of 10 and indicated it radiated into the left arm. He also reported low back pain. On 9-21-15, he reported his pain to be the same with no new symptoms. He rated his pain 3 out of 10 with medications and 5 out of 10 without medications. Physical examination revealed positive patrick's, facet loading and straight leg raise testing, positive spurling's testing of the left shoulder, decreased sensation to light touch of right number 2 digit, weakness of left grip and triceps, tenderness in the neck, upper trapezius, scapular border, lumbar, sacroiliac joint and left shoulder. The treatment and diagnostic testing to date has included: MRI of the lumbar spine (6-30-07), electrodiagnostic studies (date unclear), left hand surgery (date unclear), medications, urine drug testing (9-21-15), multiple physical therapy sessions, QME (8-28-15), and home exercise program. Medications have included: Celebrex, Elavil, Voltaren gel. Current work status: temporarily totally disabled. The request for authorization is for: bilateral lumbar facet medial branch blocks at L3, L4 and L5 with fluoroscopy. The UR dated 10-15-2015: non-certified the request for bilateral lumbar facet medial branch blocks at L3, L4 and L5 with fluoroscopy.

## **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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic 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 / Facet joint medial branch block (therapeutic injections).

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 9/21/15 demonstrating this formal plan has been contemplated or initiated. Per ODG Low Back / Facet joint medial branch block (therapeutic injections) medial branch blocks are not recommended except as a diagnostic tool. Minimal evidence for treatment. As this procedure is not recommended per ODG guidelines, the request is not medically necessary.