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| <b>Case Number:</b>   | CM15-0031615 |                              |            |
| <b>Date Assigned:</b> | 02/24/2015   | <b>Date of Injury:</b>       | 06/07/2013 |
| <b>Decision Date:</b> | 04/13/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/19/2015 |

### 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, Pain Management

### 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 29-year-old male who sustained an industrial injury on 6/7/13. The injured worker reported symptoms in the back. The diagnoses included lumbar spine 5 millimeter protrusion at left L5-S1, lumbar spine congenital fusion at L4-5, hypoplastic right L5-S1 facet joint and a left L5-S1 disc protrusion, lumbar spine narrowing of disc space with a 2.5 millimeter posterior osteophyte disc complex, lumbar spine radiculitis and lumbar spine spondylosis at L4-5 and L5-S1. Treatments to date include home exercise program, injections, activity modification and oral pain medication. In a progress note dated 12/30/14 the treating provider reports the injured worker was with "tenderness to palpitation over the midline of the lumbar spine at L4-S1, paraspinals and bilateral gluts." On 2/2/15 Utilization Review non-certified the request for bilateral L3-L4, L4-L5, L5-S1 facet joint block under fluoroscopy. 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, L4-L5, L5-S1 facet joint block under fluoroscopy:** 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), Neck and Upper Back; Facet joint therapeutic steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Injections Topic.

**Decision rationale:** Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the patient has paraspinal tenderness on exam, MRI of lumbar spine revealed 5mm disc protusion at left L5-S1, congenital fusion at L4-5, and posterior osteophyte formation. In addition, the patient has had a previous facet block in 11/2014 with documented improvement. However, the current request corresponding with 3 facet joint levels, exceeds the maximum number recommended by guidelines. As such, the currently requested lumbar facet blocks are not medically necessary.