

<b>Case Number:</b>	CM15-0051611		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	09/18/1991
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Massachusetts

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 57 year old female who sustained an industrial injury on 09/18/91. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include a MRI. Current complaints include low back, bilateral hip and left buttock pain. In a progress note dated 02/16/15 the treating provider reports the plan of care as a left lumbar facet block at L3-S1. The requested treatment is a left lumbar facet block at L3-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) lumbar facet joint injections, L3-S1, left, with fluoroscopy and sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**Decision rationale:** The claimant sustained a work-related injury in September 1991 and continues to be treated for chronic low back pain. She underwent a lumbar fusion at L4/5 in 1999

with partial hardware removal in 2002. Expected post-operative findings were found by x- ray. Criteria for the use of diagnostic blocks for facet mediated pain include that the blocks not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has had a lumbar fusion including at the level of the injections requested and therefore the requested lumbar medial branch block procedure is not medically necessary.