

<b>Case Number:</b>	CM15-0055957		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old male, who sustained an industrial injury on 6/3/14. He reported initial complaints of lower back pain. The injured worker was diagnosed as having lumbago; lumbar facet syndrome; left lumbar radiculopathy. Treatment to date has included physical therapy; MRI lumbar spine (10/27/14); medications. Currently, the PR-2 notes dated 1/20/15, the injured worker complains of left lower back pain that radiates to the left buttock, thigh and behind the left knee. The provider's treatment plan includes diagnostic lumbar Facet Blocks at L4-5 and L5-S1. If this treatment is negative, the injured worker should progress to selective nerve root blocks of the left S1 nerve. Pending his response the nerve root block, surgical intervention may be requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Facet Blocks at L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Criteria for the use of diagnostic blocks for facet "mediated" pain, Criteria for use of facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**Decision rationale:** ACOEM states that invasive techniques such as facet injections are of questionable merit. A rationale for lumbar diagnostic or therapeutic injections is particularly non-supported given the concurrent diagnosis of lumbar radiculopathy as in this case. Therefore, this request is not medically necessary.