

<b>Case Number:</b>	CM15-0061622		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	07/28/2000
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 53 year old female with an industrial injury dated July 28, 2000. The injured worker diagnoses include low back pain, post laminectomy syndrome, degeneration of lumbar intervertebral disc, bilateral radicular pain and long-term drug therapy. Treatment consisted of diagnostic studies, Lumbar Magnetic Resonance Imaging (MRI) dated 12/01/2014, prescribed medications and periodic follow up visits. According to the treating physician report dated 02/25/2015, the injured worker reported bilateral leg pain and low back pain. The treating physician reported tenderness to palpitation of the lower lumbar facet joints and pain with extension and range of motion of the lumbar spine. The treating physician also reported that the injured worker MRI revealed degenerative facet disease. The treating physician prescribed services for bilateral L2, L3, L4 diagnostic medial branch block now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L2, L3, L4 Diagnostic Medial Branch Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 has a remote history of a work-related injury and continues to be treated for low back and bilateral leg pain. When seen, she was having radiating pain into the right calf and foot. Physical examination findings included decreased and painful lumbar spine range of motion with trigger point and tenderness, including over the facet joints. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has radicular symptoms affecting the right lower extremity. Therefore, the requested medial branch blocks are not medically necessary.