

<b>Case Number:</b>	CM15-0061735		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/11/2006
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/19/2015
<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 57 year old male, who sustained an industrial injury on 09/11/2006. He has reported subsequent neck and back pain and was diagnosed with cervical radiculopathy, lumbar discogenic spine pain, facet arthropathy of the lumbar spine and lumbar radiculopathy. Treatment to date has included oral pain medication and medial branch blocks. In a progress note dated 03/05/2015, the injured worker complained of increasing low back pain radiating to the lower extremity. Objective findings were notable for diffuse tenderness to the cervical spine, diffuse tenderness and muscle spasm of L3-L5 and antalgic gait. A request for authorization of one medial branch block at L3, L4 and L5 bilateral injection with anesthesia, x-ray and fluoroscopic guidance was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One medial branch nerve block L3, L4, L5 bilateral injection with anesthesia, x-ray, and fluoroscopic guidance:** 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).

**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) and Other Medical Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for low back pain. When seen, he was having low back pain with electrical sensations and the sensation of his back locking up. There was increased pain with lumbar extension. Being requested is bilateral lumbar medial branch blocks with fluoroscopy and anesthesia. 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 axial low back pain with pain on extension and has undergone extensive prior conservative treatment. The criteria are met. However, also being requested is anesthesiology for the procedure. There is no indication for the use of MAC anesthesia and therefore this request is not medically necessary.