

<b>Case Number:</b>	CM15-0083052		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	03/27/2010
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 male, who sustained an industrial injury on March 27, 2010. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar radiculopathy. Diagnostic studies were not included in the provided medical records. Treatment to date has included bilateral lumbar 3 intra-articular facet blocks on February 7, 2014, pain and muscle relaxant medication, and lumbar epidural steroid injections. On November 3, 2014, the injured worker complains of aching, non-radiating bilateral lower back pain. The prior facet block at lumbar 4-5 provided complete back pain relief for 2-3 weeks. His pain has since returned. The physical exam revealed normal muscle strength in all muscles, normal sensory, tenderness over the bilateral lumbar facets, and decreased anterior flexion with back pain reproduction. The treatment plan includes a facet block as pain medication is not nearly as effective. The requested treatment is bilateral lumbar facet median branch block lumbar 3, lumbar 4, and lumbar 5 (one time) with monitored anesthesia care (MAC).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar facet median branch block L3, L4, L5, (one time) with MAC: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** This 53 year old male has complained of low back pain since the date of injury 3/27/10. He has been treated with facet blocks, epidural steroid injections, physical therapy and medications. The current request is for bilateral lumbar facet median branch block L3, L4, L5, (one time) with MAC. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, bilateral lumbar facet median branch block L3, L4, L5, (one time) with MAC is not medically necessary.