

<b>Case Number:</b>	CM14-0113875		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 61-year-old gentleman was reportedly injured on July 3, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June August 7, 2014, indicates that there are ongoing complaints of low back pain and leg pain. The physical examination demonstrated ambulation with the assistance of a cane. There was decreased sensation in the left L4 dermatome and a positive left and right sided straight leg raise test. Spasms and guarding were noted over the lumbar spine. Diagnostic imaging studies of the lumbar spine reveals a fusion at L4 - L5, moderate bilateral facet arthropathy at L2 - L3, L3 - L4, and L5 - S1. Nerve conduction studies show evidence of a left-sided chronic L5 radiculopathy. Previous treatment includes a lumbar spine fusion a request had been made for a bilateral lumbar facet nerve block, medial branch block at L3 - L4 and L5 - S1 with fluoroscopic guidance and IV sedation and was not certified in the pre-authorization process on July 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar Facet Nerve Block, Medial Branch Block L3-4, L5-S1 with Fluoroscopic Guidance and IV Sedation:** Upheld

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

**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 and Thoracic, Facet Joint Injections, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines the use of facet blocks should be limited to patients with low back pain that is nonradicular. The most recent progress note dated August 7, 2014, indicates radicular findings on physical examination. Additionally nerve conduction studies also indicate a radiculopathy. Considering this, the request for a bilateral lumbar facet nerve block, medial branch block at L3 - L4 and L5 - S1 with fluoroscopic guidance and IV sedation is not medically necessary.