

<b>Case Number:</b>	CM14-0152821		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/20/1996
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 48-year-old who sustained a work injury on November 20, 1996. Office visit on August 25, 2014 notes the claimant has continued ongoing low back pain that is unchanged with recent onset of radiating pain of the lower extremities. On exam, the claimant had tenderness at paraspinal muscles. The claimant has a well healed surgical scar. The claimant is status post spinal fusion L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 and L5-S1 facet blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Facet joint injections

**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 chapter diagnostic facet blocks.

**Decision rationale:** The ODG notes that Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Additionally this procedure is limited to patients with low-back pain that is non-radicular and at no more than

two levels bilaterally. This claimant has had a fusion at L4-L5 and L5-S1 and has recent onset of radiating pain, which is a contraindication. Therefore, the request for L4-L5 and L5-S1 facet blocks are not medically necessary or appropriate.