

<b>Case Number:</b>	CM14-0155879		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old male who sustained an industrial injury on 06/10/2013. Current diagnoses include right cervical radiculopathy with sensory loss, right shoulder impingement syndrome with acromioclavicular degenerative joint disease, right leg radiculopathy with weakness, L4-5 and L5-S1 stenosis, and right knee lateral meniscal tear, status post partial lateral meniscectomy. Previous treatments included medication management, right knee surgery, injections, and physical therapy. Report dated 08/18/2014 noted that the injured worker presented with complaints that included constant neck pain extending into the right shoulder and down the right upper extremity, right shoulder pain, and low back pain with radiation to the flank and extending down into his bilateral lower extremities with associated numbness. Physical examination was positive for abnormal findings. Utilization review performed on 08/28/2014 non-certified a prescription for diagnostic 2 level facet medial nerve branch blocks, L4-S1, based on the clinical information submitted does not support medical necessity. The guidelines utilized by the reviewer were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic 2 Levels Facet Medial Nerve Branch Blocks, L4-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.  
Decision based on Non-MTUS Citation Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

**Decision rationale:** Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The Diagnostic 2 Levels Facet Medial Nerve Branch Blocks, L4-S1 is not medically necessary and appropriate.