

<b>Case Number:</b>	CM14-0193379		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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. 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 27 year old female, who sustained an industrial injury on 8/26/11. The injured worker was diagnosed as having exacerbation of preexisting congenital central spinal canal stenosis at C4-5, myofascial pain and spasm, and status post laminectomy fusion at L4-5 and L5-S1 with intractable low back pain. Treatment to date has included physical therapy, a home exercise program, a Toradol injection, and medications such as Norco, MS Contin, Neurontin, Fioricet, Flexeril, and Soma. A report dated 10/15/14 noted pain was rated as 8/10. Currently, the injured worker complains of neck pain, headaches, and lumbar spine pain with leg pain. The treating physician requested authorization for a medial branch block injection at bilateral L4-5 and S1-2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Block Injection, Bilateral L4-L5, S1-S2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, Facet Joint Diagnostic Blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint diagnostic blocks (injections).

**Decision rationale:** The claimant sustained a work injury in August 2011 and continues to be treated for neck, low back, and leg pain. She underwent a two level lumbar fusion at L4-5 and L5-S1. When seen, she was having lower extremity radicular symptoms. Straight leg raising caused back pain. In terms of facet blocks, guidelines indicate that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has a history of an L4-S1 fusion and these levels were to be included in the planned procedure. The request was not medically necessary.