

<b>Case Number:</b>	CM14-0037581		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/19/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 male who suffered an unknown work related injury on 01/28/13. Per the physician's note from 02/20/14, he complains of continued low back pain. He rates this pain at 6/10. His diagnoses are chronic lumbar strain, degenerative disc disease, lumbar spine L5-S1, and mild bilateral facet arthropathy. The recommended treatments are bilateral lumbar facet injections and medial dorsal sensory nerve blocks at L3-L4, L4-L5, and L5-S1. These injections were non-certified by the Claims Administrator on 03/10/14. The injections were non-certified as they are not recommended for treatment of low back disorders. ACOEM was cited. This denial was subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L-3, L-4, L-5 medical branch blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation medial branch blocks and low back pain

**Decision rationale:** According to the guidelines, there is minimal evidence for facet medial branch blocks and is not indicated. According to the ACOEM guidelines, invasive techniques are not recommended due to limited evidence and short-term benefit. In this case, the claimant had minimal abnormalities on MRI and physical exam. The request for an MBB is not medically necessary..

**Lumbar facet blocks bilaterally L-4-L-5, L-5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Back pain and facet block

**Decision rationale:** According to the guidelines, facet joint blocks are under study. No more than 1 block is suggested. There is no peer reviewed study to support a series of blocks. Current evidence is conflicting. In this case, the claimant had minimal abnormalities on MRI and physical exam. The request for a multilevel facet block is not medically necessary.