

<b>Case Number:</b>	CM15-0101984		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 56-year-old male, who sustained an industrial injury on 8/11/2011. He reported injury from a motor vehicle accident. The injured worker was diagnosed as having discogenic lumbar and cervical condition and left shoulder impingement. There is no record of a recent diagnostic study. Treatment to date has included left shoulder surgery, physical therapy and medication management. In a progress note dated 4/28/2015, the injured worker complains of mid and low back pain, neck pain and left shoulder pain. Physical examination showed tenderness along the cervical and lumbar spine and the left shoulder. The treating physician is requesting fluoroscopically guided diagnostic bilateral lumbar 4-lumbar 5 and lumbar 5-sacral 1 facet joint medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided diagnostic bilateral L4-L5 and L5-S1 facet joint medial branch block:** 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): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

**Decision rationale:** CT scan of the lumbar spine showed canal and foraminal stenosis. Per ODG, 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 diffuse paraspinals tenderness symptoms without documented failed conservative trial. It is unclear what response resulted from physical therapy or other conservative treatment modalities. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results showing foraminal stenosis. Submitted reports have not demonstrated support outside guidelines criteria. The Fluoroscopically guided diagnostic bilateral L4-L5 and L5-S1 facet joint medial branch block is not medically necessary and appropriate.