

<b>Case Number:</b>	CM15-0113924		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	02/06/2007
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 49 year old female, who sustained an industrial injury on February 6, 2007. She reported headache, back pain and low back pain after hearing a loud pop while carrying a heavy cash register to a car. The injured worker was diagnosed as having lumbar spondylosis, degenerative disc disease of the lumbar spine, trochanteric bursitis and lumbar sprain/strain. Treatment to date has included diagnostic studies, radiographic imaging, chiropractic care, medication, and ice, stretching and work restrictions. Currently, the injured worker complains of continued headache and low back pain. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Radiographic imaging in 2008 revealed "new inflammation." Evaluation on May 6, 2015, revealed continued pain as noted. She reported improvement with chiropractic care, medications and ice. Diagnostic medial branch block of the lumbar and lumbosacral spine was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic medial branch block left L4-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pan.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical Methods, Injections, page 300.

**Decision rationale:** 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 no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation not identified here. There is no report of acute flare-up or change for this chronic injury. Additionally, facet injections/blocks are not recommended to be performed over 2 joint levels concurrently and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury of 2007. Submitted reports have not demonstrated support outside guidelines criteria. The Diagnostic medial branch block left L4-5, L5-S1 Facet injections are not medically necessary or appropriate.