

<b>Case Number:</b>	CM15-0115294		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/06/2006
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 75-year-old male who sustained an industrial injury on October 6, 2006. He has reported back pain and has been diagnosed with lumbosacral spondylosis without myelopathy. Treatment has included acupuncture, medications, medical imaging, rest, physical therapy, injection, surgery, chiropractic care, and massage therapy. Objective findings note facet tenderness was present on the right lumbar spine at L3, L4, L5, S1 levels. Axial loading of the lumbar spine worsens the pain. Range of motion of the lumbar spine was decreased due to pain, especially extension. Patellar reflexes 2/4 on the right and 2/4 on the left. Ankle reflex was 2/4 on the right and 2/4 on the left. The treatment request included medial branch blocks under fluoroscopy guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Lumbar L3, L4, L5 and S1 Medial Branch Blocks under fluoroscopy guidance:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic - Facet joint injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back under Medical Branch Blocks, Diagnostic.

**Decision rationale:** This claimant was injured in 2006, now 9 years ago. There was low back pain. There had been past injections and acupuncture, and several other conservative measures. There is facet tenderness. Extension is decreased due to pain. The request is for four levels of right medial facet blocks. The MTUS notes; Invasive techniques (e. g. , local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The ODG notes: Criteria for the use of diagnostic blocks for facet "mediated" pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 6. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The surgical plans in this claimant is not clear. Also, four levels of blockade are not support [medial branch blocks can go up to three] Moreover, objective improvement out of past injections is not known. The request is not medically necessary.