

<b>Case Number:</b>	CM15-0173534		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/05/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 48-year-old female who sustained an industrial injury on November 5, 2014. Diagnoses have included lumbago, facet syndrome, and pain in the joint of lower leg and multiple sites. Documented treatment related to this request includes physical therapy and acupuncture noted 4-14-15, modified work, SI joint injections with "some relief" noted 7-14-15, and piriformis injections with the most recent stated by the injured worker to have not provided relief. She had a nerve block injection during the 8-11-15 visit. Medication has included Diclofenac, Orphenadrine stated as "helping," and other medications include Norco, Robaxin, Ibuprofen, Nortriptyline, and Omeprazole, however, Norco is stated as being discontinued as of 8-11-15. The injured worker continues to complain of ongoing low back pain, but there is no pain rating provided. 8-11-15 examination revealed positive lumbar facet loading on the right, and deep buttock pain with internal rotation of the femur. Report stated negative straight leg raise, and "concordant findings over the right piriformis muscle." The treating physician's plan of care includes Right L4-5 and L5-S1 medial branch block, which was denied 9-1-15. Current work status is part time with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 and L5-S1 medial branch block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Injections.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Per guidelines, 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 paraspinal 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. Submitted reports have not demonstrated support outside guidelines criteria as recent nerve blocks in July and August 2015 have not demonstrated specific duration of relief identified, what improvement in ADLs, functional status, decrease in medication dosages, or medical utilization are specified. Additionally, facet blocks are not recommended over 2 joint levels concurrently (L4, L5, S1). The Right L4-L5 and L5-S1 medial branch block is not medically necessary and appropriate.