

<b>Case Number:</b>	CM15-0034708		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old male who reported an injury on 05/16/2014. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar facet arthropathy, moderate disc height loss at L3-4, thoracic sprain, and T8-9 disc degeneration. The injured worker presented on 01/15/2015 for a follow-up evaluation with complaints of persistent low back pain with radiating symptoms into the bilateral lower extremities. The injured worker was utilizing Norco 10/325 mg and Zanaflex 4 mg. Upon examination, there was tenderness over the midline lower lumbar spine as well as the bilateral lower lumbar facet joints, decreased sensation over the right L3-5 dermatomal distributions, 30 degrees flexion, 10 degrees extension, 10 degrees left lateral bending, 12 degrees right lateral bending, absent Achilles reflex on the left and 4+/5 motor weakness on the right. Straight leg raise was negative bilaterally at 90 degrees. Recommendations at that time included a repeat medial branch block at L3-S1 and a diagnostic facet injection at T8-9. A request for authorization form was then submitted on 01/15/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet blocks at T8-9:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Block.

**Decision rationale:** The California MTUS /ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend a facet joint diagnostic block when the clinical presentation is consistent with facet joint pain. In this case, there was no documentation of facet mediated pain at the T8-9 level. There was also no documentation of a recent attempt at any conservative management to include active rehabilitation. Given the above, the request is not medically necessary.