

<b>Case Number:</b>	CM15-0097544		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 30-year-old male, who sustained an industrial injury on 7/7/2014. The mechanism of injury is unknown. The injured worker was diagnosed as status post lumbar surgery, lumbar facet spondylosis, lumbar degenerative disc disease, lumbago and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, epidural steroid injection and medication management. In a progress note dated 4/21/2015, the injured worker complains of low back pain, rated 7-8/10. Pain radiated down to the buttocks. Current medications include MS Contin, Neurontin, Percocet and Soma. The treating physician is requesting diagnostic lumbar medial branch block-lumbar facet joint at bilateral lumbar 3-4, lumbar 4-5 and lumbar 5-sacral 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic lumbar MBB lumbar facet joint at bilateral L3-4, L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, and Facet joint injections.

**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 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. Additionally, facet blocks are not recommended in-patient who may exhibit radicular symptoms as in this injured worker with radicular complaints s/p epidural steroid injection and surgery. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently, or at previous surgical fusion sites as in this case. Submitted reports have not demonstrated support outside guidelines criteria. The Diagnostic lumbar MBB lumbar facet joint at bilateral L3-4, L4-5, L5-S1 are not medically necessary and appropriate.