

<b>Case Number:</b>	CM14-0150837		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/21/2001
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56 year old male with a date of injury on 3/21/2001. He injured his lower back and developed chronic lower back pain since that time. He reported persistent lower back pain that radiated into the left groin. A physical exam revealed a positive left straight leg raising test. He received facet medial branch blocks previously with transient pain relief noted. His treating physician is requesting repeat bilateral L3-L5 facet medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-L5 medial branch blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Online Edition Chapter: Lumbar & Thoracic (Acute & Chronic) Facet Joint Diagnosis Blocks (injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288-291. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** The injured worker in this case does not have clear facet mediated pain symptoms. He has radiating pain down the left leg into the groin noted, and he had a positive left

straight leg raising test. These findings are more indicative of lumbar radiculopathy. Both the Official Disability Guidelines (ODG) and evidence based guidelines state that facet medial branch blocks are not indicated in injured workers with radicular pain, which was documented in this case. Therefore, the requested bilateral L3-L5 facet medial branch blocks would not be considered medically necessary in this case.