

<b>Case Number:</b>	CM13-0011851		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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.

### 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 patient is a 56-year-old male who reported injury on 06/04/2012. The mechanism of injury was noted to be a fall. The patient's symptoms are noted to include lower back pain with pain, numbness, and tingling radiating into his right lower extremity. The objective findings include tenderness over the lumbosacral spine and bilateral lumbar paraspinal musculature, positive muscle spasms, and trigger points, decreased range of motion of the lumbar spine, pain with range of motion, and positive right-sided seated straight leg raising test. The patient was diagnosed with herniated nucleus pulposus of the lumbar spine with right-sided radiculopathy. A request is made for lumbar facet medial branch blocks from L3 to S1 on the right side for diagnostic and therapeutic value and to determine candidacy for radiofrequency ablations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet medial branch blocks L3-S1 on the right for diagnostic and therapeutic value to determine candidacy for radiofrequency ablations:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**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, Facet joint diagnostic blocks (injections)

**Decision rationale:** According to ACOEM Guidelines, invasive techniques such as local injections and facet joint injections are of questionable merit; however, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines state that diagnostic blocks for facet pain are recommended for patients whose pain is non-radicular and at no more than 2 levels bilaterally, and there needs to be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Additionally, the Guidelines state that no more than 2 facet joint levels can be injected in 1 session. The patient does not meet the criteria for use of diagnostic blocks according to ODG because his pain has been noted to be radicular into the right lower extremity and his diagnosis is herniated nucleus pulposus of the lumbar spine with right-sided radiculopathy. Additionally, the patient's most recent office note dated 12/11/2013 does not specify whether the patient was currently or would be participating in home exercise, physical therapy, and taking NSAID medications. Furthermore, the request for blocks at the L3 to S1 levels exceeds the recommendation guidelines that no more than 2 facet joint levels can be injected in 1 session. For these reasons, the request is non-certified.