

<b>Case Number:</b>	CM13-0015858		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Interventional Spine and is licensed to practice in California. 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. 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 patient is a 51 year-old male who was injured on 7/30/12. He is diagnosed with backache, sciatica and lumbosacral spondylosis without myelopathy. On the 7/15/13 chiropractic evaluation with [REDACTED], he had 4/10 low back pain. On 7/19/13 [REDACTED] provides a lumbar intraarticular facet injection at the right L4/5 and L5/S1 facet joints. On 7/22/13 [REDACTED] states there is "no change in symptoms since last visit" pain was 4/10. Then on the 8/7/13 report [REDACTED], states there was 1-week of relief following the facet block on 7/19/13, and recommends medial branch blocks L3/4, L4/5 and L5/S1. The IMR application shows a dispute with the 8/14/13 UR which is from [REDACTED] and recommends non certification for 3-level MBB at L3/4, L4/5 and L5/S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch nerve block L3/4, L4/5, L5/S1, right:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55.

**MAXIMUS 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 Chapter, Facet Joint Articular Injection.

**Decision rationale:** The California MTUS and ACOEM guidelines did not discuss diagnostic facet injections for the lower back. The ODG guidelines states the MBB are the diagnostic study, and intraarticular injections are therapeutic. The intraarticular facet injections on 7/19/13 were not shown to have decreased the patient's pain levels. These were documented by the chiropractor who evaluated the patient on 7/15/13 as 4/10, and the chiropractor evaluated the patient 3-days after the 7/19/13 facet injections, on 7/22/ 13 stating there is no change in the condition since 7/15/13 and pain remained 4/10. The PAC on 8/7/13 did not document pain levels on a VAS. ODG states the successful facet injection would produce 70% relief, plus at least 50% sustained reduction of pain for 6-weeks. This patient did not have a successful facet injection. ODG criteria for diagnostic MBB states these are limited to patients that have low back pain that is non-radicular and at no more than two levels bilaterally. A block of the L3, L4 and L5 medial branches will block the L4/5 and L5/S1 levels. However, the request is written as a MBB for L3/4, L4/5 and L5/S1, which is 3-levels, and is not in accordance with ODG guidelines.