

<b>Case Number:</b>	CM13-0032296		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 & 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:

This is a 33 year-old female with a 1/7/11 industrial injury claim. According to the IMR application, there is a dispute with the 9/17/13 UR decision for medial branch block x4, bilateral L4/5 and L5/S1 facet joint injection. The 9/17/13 UR letter is from [REDACTED], and was based on the 8/23/13 report from [REDACTED]. Unfortunately, the 8/23/13 report was not made available for this IMR. I have only been provided 2 reports, one dated 4/4/13 and the other 4/17/13, both are from [REDACTED]. According to the 4/4/13 report, the patient presents with low back pain. The report states the patient has not had PT, acupuncture or interventional procedures. There was numbness and tingling in the left arm and leg. The diagnoses included muscle spasm; lumbago; cervicalgia; facet syndrome; radiculopathy; sacroiliitis. The plan was for TPI under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block x 4:** 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): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, online for diagnostic facet blocks.

**Decision rationale:** Limited information is available for this IMR. The medical report that requested the procedure, and provided the rationale is not available. I have only been provided 2 reports, from April 2013, and the information on those reports does not support either facet intra-articular injections, or medial branch blocks (MBB). The ODG criteria for diagnostic medial branch blocks/facet injections state: "Limited to patients with low-back pain that is non-radicular." The employee was reported to have radicular symptoms down the left leg and carries the diagnoses of radiculopathy. ODG criteria also states: "There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks." The available reports stated the employee did not have PT. ODG does not recommend intraarticular facet injections as diagnostic injections stating: "Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs." Based on the information provided, the ODG criteria has not been met for either facet injections or MBBs.

**Bilateral L4-L5, L5-S1 lumbar facet joint injection:** 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): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, online for diagnostic facet blocks.

**Decision rationale:** Limited information is available for this IMR. The medical report that requested the procedure, and provided the rationale is not available. I have only been provided 2 reports, from April 2013, and the information on those reports does not support either facet intra-articular injections, or medial branch blocks (MBB). The ODG criteria for diagnostic medial branch blocks/facet injections state: "Limited to patients with low-back pain that is non-radicular." The employee was reported to have radicular symptoms down the left leg and carries the diagnoses of radiculopathy. ODG criteria also states: "There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks." The available reports stated the employee did not have PT. ODG does not recommend intra-articular facet injections as diagnostic injections stating: "Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, Final Determination Letter for IMR Case Number [REDACTED] and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs." Based on the information provided, the ODG criteria has not been met for either facet injections or MBBs. [REDACTED]

