

<b>Case Number:</b>	CM13-0038168		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Occupational Medicine 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 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 patient is a 41-year-old male who has submitted a claim for Cervical, Thoracic, and Lumbar Strain; Radiculitis, Bilateral Lower Extremities; and Rule Out Herniated Disc Thoracic/Lumbar Spine, associated with an industrial injury date of September 12, 2012. The medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain accompanied by shooting pain down the right lower extremity. The patient also complained of neck pain with headaches. On physical examination of the cervical spine, there was tenderness over the paracervical musculature with negative muscle spasms. The Spurling's test was negative. The motor examination was unremarkable. The cervical range of motion was normal. The lumbar spine examination revealed tenderness of the paralumbar musculature with negative spasms. The motor testing was normal and the range of motion was unremarkable. The straight leg raise test was negative bilaterally. The treatment to date has included medications and left L3-5 facet branch block. The utilization review from October 11, 2013 denied the request for right L3, L4, and L5 lumbar facet branch block, because of lack of prior response to previous injection and because of the radicular nature of the progress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT L3, L4, AND L5 LUMBAR FACET BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment Index, 11th Edition (web), 2013, Low Back, Facet joint intra-articular injections (therapeutic blocks); Facet joint pain, signs & symptoms.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet Joint Diagnostic Blocks.

**Decision rationale:** The Official Disability Guidelines indicate that the criteria for the use of diagnostic blocks for facet-mediated pain include clinical presentation consistent with facet joint pain, documentation of failure of conservative treatment, and there should be a formal plan of rehabilitation in addition to facet joint therapy. In addition, diagnostic blocks are limited to patients with cervical pain that is non-radicular and at no more than two (2) levels bilaterally. In this case, although the patient presented with cervical facet joint pain, there was no documentation of failure of conservative treatment for the cervical or thoracic spine. There was also no discussion regarding a formal plan of rehabilitation aside from facet joint blocks. The criteria were not met. Therefore, the request for right L3, L4, and L5 lumbar facet branch block is not medically necessary.