

<b>Case Number:</b>	CM13-0039229		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 30-year-old female who reported an injury on 06/01/2012. The patient is diagnosed with a cervical spine sprain and strain, multilevel disc protrusion, right C5 and C6 radiculopathy, tendinitis/impingement syndrome of the right shoulder, lumbar sprain and strain, multilevel disc protrusion in the lumbar spine, and right L5-S1 radiculopathy. The patient was seen by [REDACTED] on 10/16/2013. The patient reported ongoing pain and stiffness in the cervical spine with radiation to the upper extremities. The patient also reported stiffness and pain in the lumbar spine with radiation to bilateral lower extremities, causing numbness and tingling. Physical examination revealed tenderness to palpation of the lumbar spine, spasticity, limited lumbar range of motion, positive straight leg raising bilaterally, and decreased sensation over the L5 and S1 nerve roots. Treatment recommendations included authorization for medial branch blocks and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Lumbar Diagnostic Facet Block at L3-4, L4-5, L5-S1 bilaterally at the level of median branches:** 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), Section on Facet Blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Section on Facet Joint Diagnostic Blocks

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain signs and symptoms. As per the documentation submitted, there is no evidence of facet mediated pain upon physical examination. There is also no indication of a recent failure to respond to conservative treatment including home exercise, physical therapy, and NSAIDs. The patient's physical examination revealed limited lumbar range of motion, positive straight leg raising bilaterally, and diminished sensation at L5-S1. Official Disability Guidelines state facet joint injections are limited to patients with low back pain that is nonradicular. Based on the clinical information received, the request is noncertified.