

<b>Case Number:</b>	CM13-0044114		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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, has a subspecialty in Pain Management 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 52-year-old female who reported an injury on 12/13/2011. The patient is currently diagnosed with chronic pain syndrome, lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, and morbid obesity. The patient was seen by [REDACTED] on 10/16/2013. The patient reported severe lower back pain with radiation into the right lower extremity. Physical examination revealed diffuse tenderness in bilateral lower lumbar facet joints, positive facet loading maneuver bilaterally, restricted lumbar range of motion, and intact sensation. Treatment recommendations included continuation of current medications and an authorization request for a right lumbar L3, L4, and L5 medial branch diagnostic block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Outpatient Right Diagnostic Medial Branch Block L3, L4 and L5: Upheld**

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

**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 Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** 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. No more than 2 facet joint levels are injected in 1 session. As per the clinical documentation submitted, the patient has failed a recent attempt at conservative treatment with physical therapy. The patient's physical examination does reveal diffuse tenderness in bilateral facet joints with positive facet loading maneuver and restricted range of motion. However, there were no imaging studies provided for review. Furthermore, Official Disability Guidelines state blocking L4-5 and L5-S1 requires blocks of L3, L4, and L5 with the option of blocking S1. While the patient may meet criteria for a diagnostic facet joint injection, there is no clear rationale as to why the patient requires blockage at L4-5 and L5-S1. Therefore, based on the clinical information received, the request for a right diagnostic medial branch block at L3, L4, and L5 is non-certified.