

<b>Case Number:</b>	CM13-0045417		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/11/2003
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 61-year-old male who reported an injury on 04/11/2003. The mechanism of injury involved heavy lifting. The patient was seen by [REDACTED] on 10/21/2013. The patient reported persistent lower back pain with radiation to the right lower extremity. Physical examination revealed intact sensation, painful range of motion, tenderness to palpation, positive Patrick/Faber maneuver, positive Trendelenburg test, and positive provocative facet maneuvers. Treatment recommendations included bilateral L4-5 and L5-S1 diagnostic medial branch blocks plus a left-sided diagnostic SI joint block

### IMR ISSUES, DECISIONS AND RATIONALES

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

**bilateral erector spinae group injection over facet joints at L3-4, L4-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections. Page(s): 122.

**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. As per the documentation submitted, the patient demonstrates positive Patrick/Faber maneuver on the left, positive provocative facet maneuvers bilaterally, and left-sided SI joint pain. It is noted that the patient reported moderate relief of symptoms from physical therapy, TENS therapy, heat and ice. The patient also reported excellent relief of symptoms from acupuncture treatment. Therefore, there is no documentation of a failure of conservative treatment. It was also noted on 11/26/2013, the patient underwent bilateral facet joint injections at L3-4, L4-5, and L5-S1 in 09/2013. However, documentation of significant functional improvement following the initial procedure was not provided. Based on the clinical information received, the request is non-certified.