

<b>Case Number:</b>	CM13-0059078		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 PM&R, 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:

The patient is a 38-year-old female with a date of injury of 04/27/2010. The listed diagnoses per [REDACTED] dated 10/17/2013 are: 1) Degenerative lumbar/lumbosacral intervertebral disk, 2) Lumbago, 3) Unspecified myalgia and myositis, 4) Thoracic/lumbosacral neuritis and radiculitis. According to report dated 10/17/2013 by [REDACTED], the patient presents with left-sided low back and left-sided SI joint pain which "radiates into left thigh." Physical examination showed patient had ongoing LBP and leg pain with residual pain on the left upper lumbar spine. There is residual pain at the thoracic and lumbar junction. There is minimal radicular pain in the left LE. Prolonged standing is difficult/painful for the patient. The patient is complaining of facetogenic and discogenic pain. There are noted spasms in the paralumbar muscles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical branch blocks, T12, L1, L2:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with left-sided low back and SI joint pain which radiates into the left thigh. The treater is requesting a medial branch block T12, L1, and L2. Utilization review dated 11/20/2013 denied request stating, "Injection should be limited no more than 2 levels". ACOEM Guidelines do not support facet joint injections for treatment but does discuss dorsal medial branch blocks (page 300 and 301). For more thorough discussion of facet joint diagnostic and therapeutic evaluations, ODG Guidelines are consulted. ODG Guidelines do support facet diagnostic evaluations for patients presenting with paravertebral tenderness and non-radicular symptoms but that injection should be limited to no more than 2 levels. In this case, the treater is requesting T12, L1, and L2 blocks. Contrary to the utilization reviewer's understanding, three level DMB's cover two level facet joints, and in this case, at L1-2 and L2-3 facet joint levels. The patient is noted to have pain down the leg, but the treater is addressing thoracolumbar junction pain that is left-sided and non-radiating. Evaluation of the facet joints would appear to be reasonable and consistent with ODG guidelines. Recommendation is for authorization