

<b>Case Number:</b>	CM13-0066901		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 56-year-old male who reported an injury on 03/15/2012. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with lumbar spondylosis, lumbar spinal stenosis, degenerative spondylolisthesis, depression, anxiety, and insomnia. The patient was seen by [REDACTED] on 11/04/2013. The patient reported persistent lower back pain. Physical examination revealed tenderness to palpation in the lower lumbar right paravertebral facet region at L3 through S1, painful range of motion, and intact sensation. Treatment recommendations included diagnostic medial branch blocks at the right L3, L4, and L5 dorsal ramus. It is also noted that the patient underwent a Magnetic resonance imaging (MRI) of the lumbar spine on 01/17/2013, which indicated mild subluxation at the facet joints at L3-4, moderate facet degenerative joint disease at L4 5, and normal findings at S1 and S2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3, L4, L5 medial branch block with fluoroscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the documentation submitted, the patient's physical examination does reveal tenderness to palpation at the right lower lumbar facet region at L3 to S1. The patient's Magnetic resonance imaging (MRI) does indicate degenerative disease of the facet joint at L4-5 bilaterally. Official Disability Guidelines state blocking L4-5 and L5-S1 will require blocks of L3, L4, and L5 with the option of blocking S1. It is also noted that the patient has been previously treated with acupuncture, physical therapy, chiropractic therapy, biofeedback, inversion therapy, multiple medication, TENS therapy, massage therapy, and ice/heat therapy. Given the positive clinical and Magnetic resonance imaging (MRI) findings as well as the exhaustion of conservative treatment, the patient does currently meet criteria for the requested procedure. Therefore, the request is certified.