

<b>Case Number:</b>	CM14-0011488		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/27/2002
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Occupational Medicine 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 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 57-year-old male who has submitted a claim for lumbar spondylosis and degenerative disc disease, lumbar facet syndrome and left lower extremity radicular pain associated from an industrial injury date of February 27, 2002. Medical records from 2013-2014 were reviewed, the latest of which dated January 7, 2014 revealed that the patient continues to have pain the lower back region, worse on the left, and also in the upper back region, mainly in the back of the neck. He has some symptoms of numbness and tingling in the upper extremities. The severe progressive numbness approximately 2 year ago greatly improved after a cervical epidural steroid injection. The diagnostic left lower lumbar facet injections in early November 2013 were greatly helpful; however, the pain has returned. His left low back pain could be due to facet-related pain; however, there is also a component of discogenic pain. He has been struggling with ongoing depression. On physical examination, there is tenderness of the low back musculature, more to the left of midline over the facet region. There is worsening pain with posterior extension and lateral tilt, more to the left. There is mild decreased sensation in the left lateral posterior thigh and leg in the L5 or S1. There is tenderness of the cervical musculature with palpable hypertonicity. There is mild decreased sensory in the left lateral arm and forearm. Treatment to date has included transforaminal epidural steroid injections, diagnostic facet injection Left L3-4 and L4-5 (11/8/13), and medications that include Abilify, Bupropion HCl, Celebrex, Cymbalta, Neurontin, Tropol, trazodone and Tylenol. Utilization review from January 22, 2014 denied the request for ONE CONFIRMATORY INJECTION MEDIAL BRANCH NERVES TO THE TESTED FACETS. Reason for denial was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE CONFIRMATORY INJECTION MEDIAL BRANCH NERVES TO THE TESTED FACETS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, facet medial branch nerve blocks at left L2, L3, L4 and L5 nerves were requested to confirm the diagnosis prior to proceeding with radiofrequency neurotomy. The injured worker underwent diagnostic facet injections on November 8, 2013 followed by a reduction of left lower back pain from 7/10 to 0/10. However, there was no documentation of failure of conservative treatment for at least 4-6 weeks. Also, the requested procedure involves more than two spinal levels, which is not recommended. Guideline criteria were not met. Therefore, the request for One Confirmatory Injection Medial Branch Nerves to the Tested Facets is not medically necessary.