

<b>Case Number:</b>	CM14-0157934		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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:

Injured worker is a female with date of injury 11/6/2012. Per physician progress report dated 7/24/2014, the injured worker complains of low back pain and left leg pain. She reports that her pain is the same. It is described as burning, throbbing, and rated at 8/10. She had a trigger point injection in the lumbar paraspinal, which she felt was very helpful. Pain is constant, brought on with walking and better with lying down. On examination her gait has a good heel to toe pattern. She is able to toe stand and heel stand. She is able to do single leg stances and tandem walk. There is tenderness to palpation over bilateral lumbar paraspinals. Range of motion of the lumbar spine has restricted forward flexion and extension, with lateral flexion and rotation preserved. There is pain in extension. Lumbar facet stress test is positive. Sensation and motor strength intact in the bilateral lower extremities. Diagnoses include 1) lumbar facet arthropathy 2) cervical facet arthropathy 3) lumbar radiculitis, left 4) headaches 5) left wrist pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar medial branch blocks at L3, L4 and L5, QTY: 1:** 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), Low Back, Facet joint medial branch blocks (therapeutic injections)

**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) section

**Decision rationale:** Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. This request is for blocks at three facet levels, which is not recommended by the ODG. Medical necessity for this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for Lumbar medial branch blocks at L3, L4 and L5, QTY: 1 is determined to not be medically necessary.