

<b>Case Number:</b>	CM14-0162031		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Physical Medicine and Rehabilitation, 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 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:

This patient is a 51-year old female with an injury date of 3/07/12. Based on the 9/04/14 progress report by [REDACTED] this patient complains of "pain in lower back" with "sensation of tiredness." Low back pain with "low back extension, lifting 2 gal milk, pushing, pulling heavy objects," but no leg pain. Exam shows "painful facet joints L3-4, 4-5, L5-S1: myospasms." Range of motion: flexion 75 degrees and extension 10 degrees and painful. "NL neuro with MRI scan L-S spine 7/21/2014: facet joint arthropathy." Diagnoses are: 1. Lumbar disc protrusion2. Lumbar disc radiculopathy3. Stenosis/lumbarWork status: "This patient has been instructed to remain off-work until 10/3/14." The utilization review being challenged is dated 9/26/14. The request is for bilateral L3-L4, L4-L5, L5-L6 medial facet joint diagnostic injections. Peer review denied the request "since there was no x-ray or MRI documentation of significant facet arthropathy and ODG does not recommend facet injections for more than 2 levels." The requesting provider is [REDACTED] and he has provided various reports from 3/20/14 to 9/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-L4, L4-L5, L5-L6 medial facet joint diagnostic injections:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Diagnostic Facet Blocks and Facet Joint

**Decision rationale:** This patient presents with low back pain with limited range of motion, but no leg pain. The treater requests bilateral L3-L4, L4-L5, L5-L6 medial facet joint diagnostic injections. Regarding use of diagnostic blocks for facet "mediated" pain, while CA MTUS is silent on the topic of facet blocks, ODG states: "Clinical presentation should be consistent with facet joint pain, signs & symptoms," with criteria that include one set of diagnostics medial branch block, non-radicular pain, no more than 2 facet joint levels, no opioids should be given during the procedure, etc. Criteria for use of therapeutic intra-articular and medial branch blocks state there should be no evidence of radicular pain, spinal stenosis, or previous fusion. The 8/21/14 physical therapy report indicates this patient has been receiving therapy since 7/10/14 for a total of 12 visits and to continue physical therapy for 2 times a week for 6 weeks. The 9/04/14 treatment plan for this patient includes: Hydrocodone, daily exercises, Motrin, and Baclofen, however, there is an absence of documentation of pain relief and efficacy/failure of treatment regimens to date. Also, the 7/21/14 MRI L-Spine w/o contrast indicates: "There are mild facet arthropathy changes and no change at L5-S1 (compared to the 9/10/13 MRI). Mild facet arthropathy changes without spinal canal or foraminal stenosis and no change at L3-L4 (compared to the 9/10/13 MRI). While there is documentation of mild facet arthropathy, the treater's request for three levels of bilateral facet blocks exceeds ODG's recommendation of no more than two levels bilaterally. Therefore, Bilateral L3-L4, L4-L5, L5-L6 medial facet joint diagnostic injections is not medically necessary.