

<b>Case Number:</b>	CM14-0178465		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 66-year-old male with a 2/21/13 date of injury. At the time (9/23/14) of the request for authorization for right L4-5, L5-S1 facet injection and left L4-5, L5-S1 facet injection, there is documentation of subjective (pain to right knee) and objective (pain and tenderness to palpation right knee) findings, current diagnoses (lumbar sprain), and treatment to date (medication). There is no documentation of low-back pain that is non-radicular and failure of additional conservative treatment (including home exercise, PT) prior to the procedure for at least 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5, L5-S1 Facet Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Low Back - Lumbar & Thoracic

**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, Medial Branch Blocks (MBBs)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain. In addition, there is documentation of failure of conservative treatment (medication) prior to the procedure for at least 4-6 weeks and no more than 2 joint levels to be injected in one session. However, given documentation of subjective (pain to right knee) findings, there is no (clear) documentation of low-back pain that is non-radicular. In addition, there is no documentation of failure of additional conservative treatment (including home exercise, PT) prior to the procedure for at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence, the request for right L4-5, L5-S1 facet injection is not medically necessary.

**Left L4-5, L5-S1 Facet Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Low Back - Lumbar & Thoracic

**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, Medial Branch Blocks (MBBs)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain. In addition, there is documentation of failure of conservative treatment (medication) prior to the procedure for at least 4-6 weeks and no more than 2 joint levels to be injected in one session. However, given documentation of subjective (pain to right knee) findings, there is no (clear) documentation of low-back pain that is non-radicular. In addition, there is no documentation of failure of additional conservative treatment (including home exercise, PT) prior to the procedure for at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence, the request for left L4-5, L5-S1 facet injection is not medically necessary.