

<b>Case Number:</b>	CM14-0035109		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/04/2001
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 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 injured worker is a 40-year-old male who reported an injury on 09/04/2001. The mechanism of injury was not provided. The diagnoses included low back pain radiating to both legs and lumbar spondylosis. Prior therapies included trigger point injections and medications. Per the 12/16/2013 clinical note, the injured worker reported radiating low back pain rated 8/10. No numbness or tingling was noted. The examination of the lumbar spine noted decreased range of motion and tenderness. Per the 02/19/2014 clinical note, the injured worker reported low back pain radiating to the right thigh and left thigh. The physical examination findings included axial low back pain increased with facet loading. The injured worker was noted to have decreased range of motion and tenderness. The provider recommended diagnostic medial branch blocks. The request for authorization form was not present in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Medial Branch Block at L3-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections).

**Decision rationale:** The California MTUS/ACOEM Guidelines state invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines further state, facet joint diagnostic blocks are indicated for injured workers with low back pain that is non-radicular and at no more than 2 levels bilaterally. There should be documentation of the failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels should be injected in 1 session. The medical records provided indicate the injured worker was experiencing radiating low back pain with decreased range of motion and tenderness. There is a lack of documentation regarding a complete neurologic examination to rule out radiculopathy. There is no indication of the failure of conservative measures prior to the procedure for at least 4 to 6 weeks. In addition, the request for medial branch blocks at L3-S1 exceeds the guideline recommendations of no more than 2 joint levels. Based on this information, the request is not supported. As such, the request is non-certified.