

<b>Case Number:</b>	CM14-0040497		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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:

This is a 23-year-old male patient with a 4/17/12 date of injury. He injured himself while doing his usual customary duties and sustained injuries to his mid and lower back, left foot and the chest. A progress report dated on 3/5/14 indicated that the patient had mildly improved pain of the left ankle, and lower back pain, which was without changes. His lower back pain radiated to the neck and the ankle pain radiated to the left toes and up to the left knee. The pain was worsened with lifting, sitting, walking and forward bending. Objective findings revealed tenderness to palpation of the lumbar spine at the L4-S1. There was pain at the end of range of motion and positive myospasm. The left ankle physical exam demonstrated tenderness to palpation, and pain on range of motion. MRI dated on 10/18/12 revealed mild disk degeneration at L5-S1. There were 3-4 mm broad based posterior disk protrusion most pronounced centrally, resulting in mild bilateral L5-S1 foraminal encroachment. There was also 2 mm curvilinear annular fissure at the midline posterior L5-S1 disk margin. He was diagnosed with Left ankle fracture, Cervical strain, Thoracic stain, and Lumbar disk disease at L5-S1 with 3 to 4 mm lumbar intervertebral disc herniation. Treatment to date: medication management, physical therapy. There was a note on 2/12/14 progress note that the patient showed improvement with physical therapy. There is documentation of a previous 4/7/14 adverse determination, based on the fact that guidelines did not support medial branch block to the patient with radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar diagnostic face block under C-arm fluoroscopy at L4-5 and L5-S1, bilaterally:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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).

**Decision rationale:** CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. The patient presented with the pain in his lower back that radiated to the neck and left ankle pain that radiated to the left toes and to the left knee. Guidelines do not support facet joint injection if there was radicular pain. In addition, there was a note indicating that the patient had positive result with physical therapy sessions. Therefore, the request for Lumbar diagnostic facet block under C-arm fluoroscopy at L4-5 and L5-S1, bilaterally was not medically necessary.