

<b>Case Number:</b>	CM14-0051330		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/13/2001
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	03/11/2014
<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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 32 year-old individual was reportedly injured on 12/13/2001. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated 6/13/2014, indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated this patient has difficulty getting on/off exam table and in/out of chairs and ambulates in a stiff fashion. Muscle strength bilateral lower extremities 5-/5. There is notable positive tenderness to palpation across the lumbosacral area of the spine with muscle spasm along the paraspinals area of the lumbar spine. In addition, there is decreased sensation to light touch in the L4-L5 dermatome on the right. Positive pain with Valsalva, positive tenderness to palpation over L3-S1 facet capsules as well as pain with rotational extension indicative of facet capsular tears on the right and secondary myofascial pain with triggering in ropey fibrotic banding and spasms. No recent diagnostic studies are available for review. Previous treatment includes lumbar discectomy, medications, epidural steroid injections, physical therapy, and conservative treatment. A request had been made for dorsal rami diagnostic blocks at L3-4 and L4-5, and was not certified in the pre-authorization process on 3/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dorsal Rami Diagnostic Blocks L4-5 and L3-4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet joint diagnostic blocks

**Decision rationale:** Facet Joint Diagnostic Blocks are recommended no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Criteria for the use of diagnostic blocks versus facet mediated pain which includes low back pain that is non-radicular and that no more than 2 levels bilaterally. Documentation of failure of conservative treatment, including home exercises, PT, and medications, prior to the procedure is necessary for at least 4-6 weeks. No more than 2 facet joint levels injected in one session. After review the medical records provided there was no documentation of failure of conservative treatment provided. Therefore, this request is deemed not medically necessary at this time pending further documentation.