

<b>Case Number:</b>	CM14-0057341		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 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:

The patient is a 56 year old male with date of injury 8/29/12. The treating physician report dated 2/26/14 indicates that the patient presents with constant pain affecting the lower back that is rated a 6/10. The physical examination findings reveal a normal gait, non-tender palpation, decreased lumbar ranges of motion and pain with all motions, right patella reflex 1+, normal muscle strength testing of the lower extremities and normal straight leg raise bilaterally to 90 degrees. A lumbar MRI dated 10/8/13 is normal according to the report and the treating physician notes that there is mild facet arthropathy at L4/5 and mild to moderate facet arthropathy at L5/S1. The current diagnoses include lumbago and facet arthropathy L3-S1. The utilization review report dated 3/28/14 denied the request for lumbar L3-S1 MBB/Facet blocks based on lack of medical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Lumbar L3-S1 MBB/Facet blocks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp 2010 Updates, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter, Lumbar Facet Joint Signs & Symptoms.

**Decision rationale:** The patient presents with chronic lower back pain that is rated a 6/10 with no evidence of radiculopathy. The current request is for outpatient Lumbar L3-S1 MBB/facet blocks. The treating physician states, "The patient continues to have painful and limited range of motion as well as facet loading on physical examination. The patient has tenderness centrally in the low back and across the paravertebral musculature with facet arthropathy on MRI scan. Request authorization for facet blocks at the L3-S1 levels." The MTUS guidelines do not address facet block injections. The ODG guidelines state specifically the criteria used for facet joint pain injections which include, tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings and normal straight leg raising. The ODG guidelines go on to state that diagnostic blocks for facet mediated pain should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case the patient does not have any prior records of medial branch blocks. The physical examination findings do not show any signs of radiculopathy and the patient has failed to respond to conservative treatment. The requested medial branch blocks requested from L3-S1 covers 2 facet joint levels because of the medial branch overlap. The treating physician has documented positive facet tenderness, failure to improve with conservative care, lack of lumbar radiculopathy and the request for MBB is for two facet joint levels. Therefore the request is medically necessary.