

<b>Case Number:</b>	CM14-0069276		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 28-year-old male who sustained a work related injury on 3/22/2011 as a result of an unknown mechanism of injury. Since March of 2013, he had a continual complaint of lower back pain with pain radiation down the left leg with associated numbness and tingling to the plantar surface of his left foot. His pain is 6-9/10 in intensity, aggravated by prolonged, sudden or repetitive movement or sitting. The patient reports urinary incontinence on his PR-2 starting in October of 2013 and documented monthly thereafter, but improving in December of 2013. On examination there is no bruising, swelling, atrophy or lesion present at the lumbar spine. There is tenderness to palpation of the bilateral SI joints and lumbar paraspinal musculature with associated muscle spasm. He has a positive Nachlas, Mignam's and Kemp's test. However, there are no neurological deficits identified on sensory, motor or deep tendon reflexes. His treatment thus far has included pain medications (Norco 10/325, Naproxen 550), muscle relaxants (Cyclobenzaprine, Fexmid), physical therapy, chiropractic care, and a Toradol injection. At the time of the request for a facet block, the patient was awaiting lumbo-sacral surgery. In dispute is a decision for a Facet block lumbar spine and urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet block lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Medial Branch Blocks (therapeutic injections).

**Decision rationale:** Facet joint medial branch blocks (therapeutic injections) Neither the ODG or ACOEM guidelines recommend medial branch blocks except as a diagnostic tool. In addition are the following criteria: Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 7. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level]. Unfortunately for meeting the criteria for facet joint medial branch block, the patient is awaiting surgical intervention and has radicular symptoms, both criteria negate obtaining a facet block. The request is not medically necessary.

**Urine toxicology:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

**Decision rationale:** Urine Drug Screening: Because of the inherent possibility of addition, misuse and abuse, urine drug screening is a tool for monitoring for appropriate use of the medication prescribed as well as monitoring for abuse of substances not prescribed. Frequent random urine toxicology screening is a means available to perform monitoring that is non-invasive and cost effective. The request is medically necessary.