

<b>Case Number:</b>	CM14-0088483		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/02/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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:

Injured worker is a male with date of injury 5/2/2011. Per pain management consultation report dated 6/6/2014, the injured worker complains of lumbar spine pain which he rates at 4/10. He describes his pain as constant and sharp which travels occasionally to the left hip and groin. He notes that the pain is increased on extension and lateral bending as well as sitting. He also notes that the pain has decreased at this time due to the medications being prescribed. He denies having had any procedures done to alleviate his pain. He has been taking his medications regularly and tolerates them well. He states that his medications are helping with his pain. On examination he has a wide based gait. He has difficulty performing heel and toe walk secondary to low back pain. Lumbar paraspinal muscles have diffuse tenderness to palpation as well as tightness and spasm. There is moderate facet tenderness noted to palpation along the L4 through S1 levels. Sacroiliac tenderness, Faber's/Patrick, sacroiliac thrust test and Yeoman's test are all positive bilaterally. Kemp's test is positive bilaterally. Seated straight leg raise is positive on right at 70 degrees, and 70 degrees on left causes only back pain. Supine straight leg raise is positive on right at 60 degrees and 60 degrees on left causes only back pain. Farfan test is positive bilaterally. Lumbar spine range of motion is decreased with lateral bending, flexion and extension. Extension causes pain. Sensory, motor strength testing and reflexes are normal. Diagnoses include 1) lumbar disc disease 2) lumbar facet syndrome 3) bilateral sacroiliac joint arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Bilateral L4-5 Medial Branch Blocks: 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, Treatment Index, 12th Edition (web), 2014, Low Back Chapter, Facet Joint Diagnostic Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back chapter, Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. The clinical documentation is not consistent with facet joint pain. There are positive signs for sacroiliac joint arthropathy, positive straight leg tests on the right. Medications are also reported as helpful, which is not consistent with the report of failed conservative treatment. The request for Bilateral L4-5 Medial Branch Blocks is determined to not be medically necessary.