

<b>Case Number:</b>	CM14-0111265		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/05/2007
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 and Pain Management, 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 65 year old male with an injury date of 05/05/07. Based on the 05/01/14 progress report, the patient complains of back, shoulder, and neck pain. The pain levels approximately at 1-3/10 on left back and right back more severe, shoulder at 7-8/10 and neck at 2/10. The patient has muscle spasm at right and left periscapular and neck triggers which twitch and radiate. The range of motion of the back shows extension at 25% and flexion at 40% and more painful without provocation of leg pain. MRI on lumbar spine dated 03/17/14 showed a tiny, hypointense posterior central ligamentous disc protrusion on the T12-L1. His diagnoses include following: 1. Right shoulder pain subsequent to right shoulder surgery, arthroscopic 2. Chronic low back pain-etiology unclear 3. GI pain syndrome-etiology unclear - suspect ulcer possibly intermittently bleeding 4. T12-L1 disc protrusion 5. Mixed headache syndrome 6. GI bleeding 7. Probable lumbar facet syndrome Based on the 05/21/14 report, the patient had bilateral medial branch blocks at L3, L4, L5, and S1 on 04/22/14. The patient reported overall no relief on the right side, left side 85-90% relief and overall 50% relief. The patient is tender over the midline at the L4-5 and L5-S1 right zygoapophyseal joints and right iliac crest and entire right lower lumbar area. The treating physician is requesting for lumbar facet block at right side of L3-4 and L4-5 per 05/21/14 report. The utilization review determination being challenged is dated 06/16/14. The treating physician provided treatment reports from 12/18/13-05/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar facet block right side L3-L4 and L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint intra-articular injections (therapeutic blocks)

**Decision rationale:** This patient presents with back, shoulder, and neck pain. The request is for lumbar facet block at right side of L3-4 and L4-5. The patient had bilateral medial branch blocks at L3, L4, L5 and S1 on 04/22/14. The patient reported no relief on the right side, and for left side 85-90% relief and overall 50% relief. On 05/21/14 report, the treating physician is "suspicious of the zygoapophyseal joints as a source of pain....it is my feeling we should proceed with diagnostic therapeutic intra-articular injection of the zygoapophyseal joints at the L3-4 and L4-5 joint." The treater further states that if the patient doesn't respond, a transforaminal epidural block as a diagnostic procedure is considered. Regarding facet injections to the lumbar spine, ODG criteria are as follows: "there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." In this case, the patient already had bilateral medial branch blocks at L3, L4, L5, and S1 with no relief on the right side. ODG guidelines do not support therapeutic facet injections. The request is not medically necessary.