

<b>Case Number:</b>	CM14-0214692		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47-year-old male sustained a worker's compensation injury on 05/09/2013. According to a re-evaluation dated 11/05/2014, the injured worker complained of pain in his knee and feet with numbness and tingling and low pain. Straight leg raising was negative. Patrick's and facet loading tests were positive. There was decreased sensation to light touch on the right foot. On strength testing, there was weakness noted in the right knee extension. There was tenderness to palpation over the lumbar paraspinal muscles. Bilateral knees were with positive crepitus and there was laxity in the left knee. There was also tenderness to palpation noted over the bilateral feet. According to the provider a MRI of the lumbar spine dated 06/06/2014 showed no acute osseous abnormality, congenital narrowing of the central canal and mild facet degenerative changes at multiple levels without significant central canal or neural foraminal stenosis. Diagnostic impression included lumbago, lumbar facet dysfunction, depression, bilateral knee pain, degenerative joint disease, meniscus injury and laxity of the left knee, chronic pain syndrome, opioid dependence and history of gastric bypass surgery. Plan of care included medications and MRI of the left knee. On 11/06/2014, physical therapy for the right knee was ordered. Physical therapy notes submitted for review was for physical therapy of the knee. Radiographic imaging was not submitted for review. On 11/26/2014, Utilization Review non-certified bilateral lumbar facet medial branch block L3, L4 and L5 with fluoroscopy. According to the Utilization Review physician, documentation did not contain imaging studies supporting facet arthropathy or contain exam findings to support the injured worker's pain was primarily facetogenic in nature. The injured worker had not completed physical therapy for the back

which was also being ordered on the most recent visit. As the injured worker had not failed conservative treatment targeting the low back pain, the request was non-certified. Guidelines cited for this review included CA MTUS ACOEM Guidelines Low Back Complaints and Official Disability Guidelines Low Back, Facet Joint Medical Branch Blocks. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral Lumbar Facet Medial Branch Block L3, L4 and L5 with Fluoroscopy Qty:6.00:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back

**Decision rationale:** MTUS Guidelines do not address this issue in adequate detail to determine medical necessity. ODG Guidelines address this in detail and specifically state that a full course of physical therapy should be completed prior to facet injections. The requesting physician clearly documents that no prior physical therapy for the back has been provided and an initial course of physical therapy for the back was requested at the same time as this request for facet injections. Under these circumstances, the request for Bilateral Facet MBB's at L3, 4, 5 with fluroscopy is not supported by Guidelines at the time of the request and is not medically necessary.