

<b>Case Number:</b>	CM14-0139242		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 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:

This patient is a 48 y/o female who developed persistent right knee and low back problems secondary to an injury dated 1/18/12. She has been treated with right knee arthroscopy and post surgical Synvisc injections. Her low back has been diagnosed with facet syndrome, piriformis syndrome and SI joint pain. The 7/24/14 narrative from the pain management physician has not been sent for review and records that would document prior conservative care have not sent for review (i.e. the first 6 months after the DOI). It is over 2.5 years from the date of injury and it is reasonable to assume that conservative care has not been successful. The Peer review letter reviews the 7/24/14 narrative and documents that there was facet tenderness with palpation and pain with facet loading. No radiculopathy is documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4 through S1 medial branch blocks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301, 308.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Medical Branch Blocks.

**Decision rationale:** MTUS Guidelines briefly address the issue of facet injections and note that they are accepted practice. The MTUS Guidelines do not detail the difference between medical branch blocks and intra-articular facet injections which are not recommended. ODG Guidelines provide a more detailed review of this procedure and support it when there are positive signs for facet pain generation and there is no evidence of a radiculopathy. The documentation sent for review adequately meets Guideline criteria. The facet right and left L4-S1 medical branch blocks are medically necessary.

**Left L4 through S1 medial branch blocks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** MTUS Guidelines briefly address the issue of facet injections and note that they are accepted practice. The MTUS Guidelines do not detail the difference between medical branch blocks and intra-articular facet injections which are not recommended. ODG Guidelines provide a more detailed review of this procedure and support it when there are positive signs for facet pain generation and there is no evidence of a radiculopathy. The documentation sent for review adequately meets Guideline criteria. The facet right and left L4-S1 medical branch blocks are medically necessary.