

<b>Case Number:</b>	CM14-0141036		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 is licensed to practice in Illinois. 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 injured worker is a 22 year old male who reported an injury on 02/21/2014. The mechanism of injury was not provided. The diagnoses included facet joint arthropathy at L4-5 and L5-S1, lumbar degenerative disc disease, and lumbar sprain/strain. Prior treatment included 12 sessions of physical therapy to the lumbar spine. Diagnostic studies included an unofficial MRI of the lumbar spine performed 04/24/2014 that was noted to show facet arthropathy at L4-5 and L5-S1 but no disc bulges or stenosis at those levels. No pertinent surgical history was provided. Per the 08/26/2014 progress report, the injured worker reported bilateral low back pain, right worse than left, rated 8/10. Examination of the lumbar spine revealed tenderness upon palpation of the paraspinal muscles overlying the bilateral L4-5 and L5-S1 facet joints, right worse than left. Lumbar range of motion was noted to be restricted by pain in all directions. It was noted that sensation was intact to light touch in all limbs. Current medications included Ultram and Aleve. The treatment plan included diagnostic facet joint medial branch blocks at L4-5 and L5-S1 to evaluate for the presence of bilateral lumbar facet joint pain as the reason for the injured worker's bilateral low back pain symptoms. The Request for Authorization form was dated 08/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopic-guided diagnostic bilateral L4-L5:** 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, Facet Joint Diagnostic Blocks (Injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

**Decision rationale:** The CA MTUS/ACOEM Guidelines state invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines state facet joint diagnostic blocks are indicated for injured workers with low back pain that is non-radicular. Clinical presentation should be consistent with facet joint pain, signs, and symptoms. There should be documentation of failure of conservative care prior to the procedure for 4-6 weeks. The medical records provided indicate the injured worker was experiencing low back pain and had completed 12 sessions of physical therapy. According to the 08/29/2014 Request for Authorization form, the injured worker's diagnoses include lumbar radiculopathy. A complete neurological examination (including strength, reflexes, and straight leg raising) was not provided to rule out radicular findings. There is a lack of documentation regarding the prior physical therapy to verify the failure of treatment. Based on the above information, the request is not supported. As such, the request for Fluoroscopic-guided diagnostic bilateral L4-L5 is not medically necessary.

**Bilateral L5-S1 Facet Joint Medial Branch Block:** 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 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

**Decision rationale:** The CA MTUS/ACOEM Guidelines state invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines state facet joint diagnostic blocks are indicated for injured workers with low back pain that is non-radicular. Clinical presentation should be consistent with facet joint pain, signs, and symptoms. There should be documentation of failure of conservative care prior to the procedure for 4-6 weeks. The medical records provided indicate the injured worker was experiencing low back pain and had completed 12 sessions of physical therapy. According to the 08/29/2014 Request for Authorization form, the injured worker's diagnoses include lumbar radiculopathy. A complete neurological examination (including strength, reflexes, and straight leg raising) was not provided to rule out radicular findings. There is a lack of documentation regarding the prior physical therapy to verify the failure of treatment. Based on the above information, the request is not supported. As such, the request for Bilateral L5-S1 Facet Joint Medial Branch Block is not medically necessary.

