

<b>Case Number:</b>	CM14-0098440		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/26/1988
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Anesthesiology 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 53-year-old female with a date of injury of 07/26/1988. The patients' diagnoses include arthritis in bilateral knees, lumbar radiculopathy and low back pain. The patient reports pain level as a 6 on a scale of 1 to 10. The medical documentation includes hand written progress reports that are illegible. After the Utilization Review determination on 06/02/2014 there is further documentation reporting a conversation by the utilization review physician with the patient's treating physician who reports the radicular pain has resolved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet injection at right L1-2, L2-3, L3-4 under fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 - Lumbar & Thoracic, Facet joint injections, Lumbar

**Decision rationale:** According to the Occupational Medicine Practice Guidelines there is some evidence to suggest medial nerve branch block provides pain relief in the cervical spine.

Unfortunately there is little evidence to support the use of the procedure in the lumbar region. At most there are mixed results with lumbar facet neurotomies. According to the Official Disability Guidelines, facet joint intra-articular injections are under study and facet joint medial branch blocks are not recommended except as a diagnostic tool. There are several criteria recommended for use of these blocks. These criteria include facet tenderness, normal sensory exam, absence of radicular findings, no evidence of radicular pain and no more than two joint levels should be blocked at one time. It is unclear from the medical documentation if this patient meets these criteria. There are conflicting reports of radicular pain. In addition only two levels may be blocked at one time. Therefore, the above listed issue is considered to be not medically necessary.