

<b>Case Number:</b>	CM13-0020207		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	12/19/2005
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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, has a subspecialty in Pain Management, 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 is a male patient with the date of injury of December 19, 2005. A Utilization Review was performed on August 16, 2013 and recommended non-certification of bilateral facet blocks at L3-4 and L4-5 under fluoroscopy. A Progress Report dated August 2, 2013 identifies History of Present Illness of facet blocks at L3-4 and L4-5 bilaterally on December 5, 2012 helped 80% for well over two months, possibly about 8-9 months. Present Complaints identify back pain, shooting and burning, slight to moderate. Musculoskeletal Examination identifies tender especially at the facets at L3-4 and L4-5. Positive Kemp's for facet pain at L3-4 and L4-5 on the left and right. Decreased lumbar range of motion. Diagnoses identify post-laminectomy syndrome lumbar, sacroiliac sprain/strain, lumbago, degeneration of lumbar disk, annular tear, and lumbosacral radiculitis. Treatment Plan identifies proceed with bilateral facet blocks at L3-4 and L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL FACET BLOCKS AT L3-4 AND L4-5 UNDER FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back also 9792.20 Page(s): 300 AND 309. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for bilateral facet blocks at L3-4 and L4-5 under fluoroscopy, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. The ODG guidelines state that therapeutic facet joint medial branch blocks are not recommend except as a diagnostic tool. Within the documentation available for review, the patient has undergone prior facet injections with improvement. Guidelines do not support the use of repeat facet injections and instead recommend proceeding to medial branch blocks and radiofrequency ablation if indicated. As such, the request for bilateral facet blocks at L3-4 and L4-5 under fluoroscopy are not medically necessary or appropriate.