

<b>Case Number:</b>	CM13-0032812		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/31/2011
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 sustained an injury on 7/31/11. Request under consideration include a right lumbar facet block x 1 L4-5. Per report of 9/16/13 from [REDACTED], the patient continues with low back pain with right sided leg pain as well. The facet block has worn off. Medications list Soma and Norco. Exam found tenderness in the paraspinals, SLR negative, no motor or sensory deficits noted. The patient has 80% pain relief for 6 weeks after the previous facet block. Considering the uncertainty of radiofrequency procedure, the patient would like to repeat the facet block. The request was non-certified on 9/25/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for right lumbar facet block x 1 L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

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

**Decision rationale:** This patient sustained an injury on 7/31/11. Request under consideration include a right lumbar facet block x 1 L4-5. Per report of 9/16/13 from [REDACTED], the patient

continues with low back pain with right sided leg pain as well. The facet block has worn off. Medications list Soma and Norco. It was report the patient has 80% pain relief for 6 weeks after the previous facet block. Considering the uncertainty of radiofrequency procedure, the patient would like to repeat the facet block. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints. Submitted reports have not demonstrated support outside guidelines criteria. The #2 right lumbar facet block x 1 L4-5 is not medically necessary and appropriate.