

<b>Case Number:</b>	CM13-0036698		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The patient is a 46-year-old male who reported an injury on 10/03/2012. The patient is currently diagnosed with lumbago, displacement of lumbar intervertebral disc without myelopathy, lumbar facet joint syndrome and hypertrophy, myalgia, and neural foraminal narrowing at L4-5. The patient was seen by [REDACTED] on 09/05/2013. The patient reported ongoing lower back pain with radiation to the right lower extremity. The physical examination revealed tenderness to palpation in the right shoulder, limited range of motion in the lumbar spine, paraspinal muscle tenderness with guarding and spasm bilaterally, tenderness at the facet joints bilaterally, negative straight leg raising, and sensory deficit of the hip and groin on the left with distorted tactile sensibility corresponding the L1 dermatome. The treatment recommendations included a second therapeutic lumbar epidural steroid injection as well as a lumbar facet joint block at L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second therapeutic at LESI L4-L5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by objective findings on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the clinical notes submitted, the patient has undergone an epidural steroid injection. Documentation of a 50% pain reduction with associated reduction of medication use for 6 to 8 weeks following the initial injection was not provided. Additionally, the patient does not demonstrate sensory loss in the L4, L5 or S1 distribution. There is also no evidence of a failure to respond to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the request is non-certified.

**Lumbar facet joint block at the medial branch at L4-L5 and L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Online Version- Low Back- Medial Branch Blocks.

**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 Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar spine. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet joint injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. As per the clinical notes submitted, the patient underwent an MRI of the lumbar spine on 10/29/2012, which indicated unremarkable facet joints at L4-5 and L5-S1. There was no documentation of facet joint abnormality. There is also no evidence of a failure to respond to recent conservative treatment prior to the procedure for at least 4 to 6 weeks. Based on the clinical information received, the request is non-certified.