

<b>Case Number:</b>	CM13-0043784		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/08/2002
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Interventional Spine 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 59 year-old female with a 8/8/2002 industrial injury claim. She has been diagnosed with post-traumatic cervical sprain, post-traumatic lumbar sprain radiculopathy and facet arthropathy, post-traumatic arthritis in the left knee; laceration /contusion left elbow with multiple punctuate lacerations and retained foreign glass in soft tissues, s/p glass removal 10/19/02; subdeltoid bursitis; s/p left shoulder arthroscopic decompression, distal clavicle excision, s/p excision of popliteal cyst right knee; s/p right knee TKA. According to the 9/9/13 orthopedic report from [REDACTED], the patient presents in a CAM walker boot after having an injection for plantar fasciitis at Kaiser. She complains of slight intermittent moderate occasionally severe lower back pain that radiates down the lower extremities left greater than right. Exam shows decreased sensation over the left lateral thigh, and SLR is positive bilaterally. The physician requests bilateral facet blocks 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:

#### **1 BILATERAL FACET BLOCKS AT L4-5 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**Decision rationale:** According to the 9/9/13 orthopedic report from [REDACTED], the patient presents in a CAM walker boot after having an injection for plantar fasciitis at [REDACTED]. She complains of slight intermittent moderate occasionally severe lower back pain that radiates down the lower extremities left greater than right. Exam shows decreased sensation over the left lateral thigh, and SLR is positive bilaterally. The patient has the diagnosis of lumbar radiculopathy. The physician Final Determination Letter for IMR Case Number [REDACTED] requests bilateral facet blocks at L4/5 and L5/S1. MTUS/ACOEM does not support lumbar radiofrequency procedures, but does support the diagnostic facet block. The MTUS/ACOEM guidelines do not provide guidelines on the diagnostic blocks so ODG guidelines were consulted. ODG specifically states diagnostic lumbar facet blocks are "Limited to patients with low-back pain that is non-radicular" The request for diagnostic lumbar facet blocks in a patient with lumbar radicular symptoms and diagnosis of radiculopathy is not in accordance with ODG guidelines.