

<b>Case Number:</b>	CM13-0045273		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The claimant is a 50-year-old man injured 2/13/13 while lifting a sewer machine up stairs, working as a plumber service technician. He now has a diagnosis of lumbar facet arthropathy, is requesting L5-S1 facet block and rhizotomy to treat back pain, radiating to the left groin and medial thigh, and occasionally the posterior leg. He has seen occupational medicine, physiatry, chiropractor and physical therapy. When he saw the neurosurgeon on 10/14/13, he opined that he would be a candidate for a facet joint block with the possibility of rhizotomy if he benefits from the block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An L4-S1 facet joint block:** Overturned

**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 Chapter.

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

**Decision rationale:** The claimant appears to meet criteria for one facet block injection at 2 levels, as requested. The MTUS states that the procedure is questionable but often used. It goes on to outline the use of a facet block prior to rhizotomy. His pain is localized with objective evidence of facet pathology. He is not considered a surgical candidate, which is in agreement with criteria needed for facet block injection. Although he has pain radiating to the leg, there is no evidence of a radiculopathy, which would require different treatment. The requested levels of blocks are in agreement with ODG guidelines.

**An L4-S1 rhizotomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG, Facet joint Intra-articular therapeutic injections.

**Decision rationale:** This cannot be approved unless the patient has undergone a success medial branch diagnostic block, and hence is denied. Per ACOEM Treatment guidelines, facet neurotomies should be performed only after medial branch diagnostic block is performed with appropriate outcome. Per ODG, if one therapeutic block is successful (defined as pain relief of at least 50% for at least 6 weeks.)