

<b>Case Number:</b>	CM13-0049279		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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, has a subspecialty in Pain Management 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 61-year-old female who reported a work related injury to her left hip and low back on 10/27/2010 which resulted from a misstep while exiting off an ambulance. The patient has undergone a 2 year course of treatment for chronic complaints of left hip and groin pain that has included medications, physical therapy, epidural steroid injections, SNRB, facet injections, activity restrictions, home exercise, and multiple other modalities. Lumbar MRI on 07/01/2011 revealed a 3 mm broad based disc bulge at L4-5 with bilateral foraminal narrowing; 2 mm broad based disc bulge at L5-S1 involving the right L5-S1 neural foramen with moderate narrowing of the foramen. The examining physician indicated that the aggravation of pain with extension as well as atypical pain down left anterior thigh and groin, a combination of facet blocks followed by rhizotomies for the back would be planned. In the absence of disc herniation on the MRI studies of the lumbar spine, further epidural steroid injections or repeat selective nerve root block would not be recommended; however, there were recommendations for physical therapy. Bilateral lumbar facet joint injections at L3-4, L4-5, and L5-S1 were performed on 12/06/2011 that resulted in significant side effects including flushing of the whole body and palpitations that required referral to cardiology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for facet blocks at L3-4, L4-5, L5-S1 under guidance with overnight observation:**  
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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** CA MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The request for the facet blocks at L3-4, L4-5, and L5-S1 is non-certified. The clinical information provided indicated that rhizotomies would be the plan; however, the request submitted was for facet injections and not medial branch blocks which would be performed prior to a rhizotomy. Also, the clinical information also indicated that the patient had an adverse reaction to the prior injections. Therefore the request is non-certified.