

<b>Case Number:</b>	CM13-0051702		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/20/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Family Practice and is licensed to practice in Texas. 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:

The injured worker is a 47-year-old male who reported an injury on 11/20/2011. The mechanism of injury was not stated. The current diagnoses included displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, spinal stenosis in the cervical region, occipital neuralgia, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, spinal stenosis of unspecified region in the lumbar spine, lumbar facet joint syndrome, headaches, and insomnia. The injured worker was evaluated on 10/16/2013. The injured worker reported persistent headaches, neck pain, and lower back pain. The injured worker has been previously treated with rest, hot/cold therapy, acupuncture, physical therapy, and lumbar epidural steroid injections. Physical examination of the lumbar spine revealed positive Bechterewâ€™s testing, positive Valsalva and Kempâ€™s testing, positive straight leg raising bilaterally, diminished ankle reflexes bilaterally, decreased sensation, tenderness to palpation of the facet joints bilaterally at L4 through S1, slightly limited lumbar spine extension, and motor deficit on the left. The treatment recommendations at that time included a lumbar facet joint block at the medial branch level of L3-4 and L4-5 bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR FACET JOINT BLOCK L3-L4 & L4-L5 BILATERAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**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 Block

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines (ODG) states that 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. There should be documentation of a failure of conservative treatment including home exercise, physical therapy and non-steroidal anti-inflammatory drugs (NSAIDs). As per the documentation submitted, the injured worker does maintain a diagnosis of lumbosacral neuritis and radiculitis. The injured worker's physical examination does reveal decreased sensation, decreased strength, and positive straight leg raising. Therefore, the injured worker does not currently meet criteria for the requested procedure. There is also no evidence of a failure to respond to conservative treatment including physical therapy and NSAIDs. The injured worker reported improvement with physical therapy, acupuncture treatment, and epidural steroid injections. Based on the clinical information received, the request is non-certified.