

<b>Case Number:</b>	CM13-0072497		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Pain Management 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 patient with a date of injury of 12/7/12. A utilization review determination dated 12/3/13 recommends non-certification of a right sided facet block at the L4-5 level. 10/14/13 medical report identifies right-sided low back pain with intermittent radiation down the right leg 4/10. On exam, there is tenderness over the paravertebral muscles bilaterally. Sensation is decreased over the L4, L5, and S2 dermatomes. Flexion and extension are limited. There is positive facet loading. SLR is positive on the right at 80 degrees. The provider notes that the patient has radicular symptoms, but they have been addressed, and facet injections are indicated to further treat his axial back pain consistent with facet origin. Discussion recommends a rightsided facet block at the L4-5 levels with radiofrequency ablation, if diagnostic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SIDED FACET BLICK AT THE L4-5 LEVEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other EMB

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections)

**Decision rationale:** Regarding the request for right sided facet block at the L4-5 level, California MTUS cites that "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." ODG notes that the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic medial branch blocks rather than intraarticular facet joint injections. Within the documentation available for review, there is no clear rationale for the use of intraarticular injections rather than medial branch blocks for the diagnosis of facet joint pain, as the former have been shown to better predict a successful outcome with neurotomy, and even in the case of successful intraarticular injections, medial branch blocks would still be required prior to progressing to neurotomy for more definitive treatment. In light of the above issues, the currently requested right sided facet block at the L4-5 level is not medically necessary.