MAXIMUS Federal Services

| Case Number: | CM14-0001261 | | |
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| Date Assigned: | 01/22/2014 | Date of Injury: | 07/01/2010 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

## 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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 53 year old male who reported an injury on 07/01/2013. The injured worker was evaluated on 01/20/2014. The injured worker reported low back pain, bilateral hip pain, and left knee pain. The injured worker reported that he used Norco 5/325 and Relafen 500mg two times a day for pain and medical marijuana for pain that woke him from sleep. The objective findings included significant paravertebral muscle spasms and tenderness in the lower lumbar region which was more on the right side. There injured worker had positive facet loading pain noted in the lower lumbar area and a positive straight leg raise at 70 degrees in a seated position. Sensation was intact to both lower extremities and deep tendon reflexes were suppressed at the patellar level bilaterally with parapatellar tenderness on the left side. Motor strength was 5/5 in the upper and lower extremities bilaterally. The injured worker had a diagnosis of lumbar spine sprain/strain. An MRI of the lumbar spine revealed a 7mm protrusion of nucleus pulpous at L4-L5 with no significant neural foraminal narrowing and a finding of hypertrophic facet changes at L4-L5. The injured worker had an epidural steroid injection at L4-L5 on 04/22/2013. The treatment plan was discussed for a diagnostic facet block. A State of California Division of Workers Compensation Request for Authorization for Medical Treatment is dated 11/25/2013 and included with this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT LUMBAR DIAGNOSTIC FACET BLOCK UNDER C-ARM FLUOROSCOPY L4-L5, L5-S1:** 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): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injections, Facet joint diagnostic blocks

**Decision rationale:** ACOEM states invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines note the injured worker's clinical presentation should be consistent with facet joint pain, signs & symptoms. The use of facet injections is limited to patients with low-back pain that is non-radicular and there must be documentation of failure of conservative treatment including physical therapy for at least 4-6 weeks prior to the procedure. Diagnostic facet blocks should be performed in patients in whom a surgical procedure is anticipated and not performed in patients who have had a previous fusion prcedure at the planned injection level. It was noted the injured worker had documentation of signs and symtoms of radicular pain including a positive straight leg raise. The injured worker is not complaining of pain with range of motion and it was unclear if the injured worker has completed an adequate course of conservative care. The documentation provided for this review does not provide significant findings to meet the criteria set by the ODG for facet joint diagnostic blocks. Therefore, the request is not medically necessary.