

<b>Case Number:</b>	CM14-0001448		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 58 year old male who reported an injury on 08/22/2012 secondary to an unknown mechanism of injury. He was evaluated on 05/11/2013 and reported lumbar pain of unknown severity radiating to the lower extremities bilaterally. On physical examination, he was noted to have decreased range of motion in the lumbar spine with spasms and decreased sensation in a left L5-S1 dermatomal distribution. The injured worker was diagnosed with lumbosacral neuritis not otherwise specified and a sprain of the lumbar region. A request was submitted for lumbar facet joint block bilaterally at the medial branch at L3-4, L4-5, L5-S1. The documentation submitted for review failed to provide a request for authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR FACET JOINT BLOCK BILATERALLY AT THE MEDIAL BRANCH AT L3-L4 L4-L5 L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 medial branch blocks, Facet joint diagnostic blocks (injections).

**Decision rationale:** The request for lumbar facet joint block bilaterally at the medial branch at L3-4, L4-5, L5-S1 is not medically necessary. California MTUS/ACOEM Guidelines state that facet injections are of questionable merit. Official Disability Guidelines do not recommend medial branch blocks except as a diagnostic tool. These guidelines state that facet joint diagnostic blocks should be limited to injured workers with low-back pain that is non-radicular and at no more than two levels bilaterally. The injured worker reported lumbar pain radiating to the lower extremities bilaterally and was noted to have decreased sensation in a left L5-S1 dermatome distribution. A facet injection is not warranted by this clinical presentation of radicular pain. Also, the request as written is for injections at three levels which exceeds the evidence-based guideline recommendations for two levels only. The guidelines also state that a facet injection should not be performed until there is documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. Only one clinical note is provided in the documentation submitted for review. The clinical note is dated 05/11/2013 and fails to document evidence indicating failure of treatment with conservative care; there is no other documentation provided beyond this clinical note. There is no documentation of a recent evaluation to suggest that the injured worker would benefit from a facet injection or medial branch block. As such, the request for lumbar facet joint block bilaterally at the medial branch at L3-4, L4-5, L5-S1 is not medically necessary.