

<b>Case Number:</b>	CM14-0008617		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	09/02/2006
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 40-year-old male with a date of injury of 09/02/2006. The patient's diagnoses are lumbosacral spondylosis and low back pain. According to the 12/17/2013 progress report by [REDACTED], the patient presents with low back pain. The provider states authorization was requested on last visit for the patient to undergo a repeat facet block injection. This request, however, was denied. The patient continues to report ongoing pain affecting his immediate low back. He continues to use his medications consistently to address his pain. An examination revealed some limitations of range of motion of the lumbar spine and pain with extension and left-sided rotation. He reports marked tenderness to palpation to the tender paraspinals on the left. Straight leg raise is negative. On 11/05/2013, patient reported left-sided low back pain that has been going on for approximately 6 weeks. The patient would like to try another injection. The last injection was done over a year ago and had noticed his back condition has been worsening up until 6 weeks ago. The provider recommends patient undergo a repeat facet block addressing the left L4-L5 and L5-S1 levels. He notes that he has responded well to this procedure in the past. Utilization review denied the request on 11/14/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FACET BLOCK INJECTIONS TO LEFT L4-5 L5-S1 LEVELS UNDER FLUOROSCOPIC GUIDANCE WITH SEDATION WITH [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Facet Joint.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting a repeat facet block at L4-L5 and L5-S1 on the left. ACOEM Guidelines do not support facet injections for treatment but does discuss dorsal medial branch block as well as radiofrequency ablations on page 300 and 301. ODG Guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with nonradicular symptoms. In this case, the provider is requesting a repeat facet joint therapeutic injections. ACOEM does not support facet intra-articular injections. ODG guidelines allow one set of facet intra-articular therapeutic injection and for additional treatments, medial branch blocks followed by RF ablation if successful. The request for the repeat facet injection is not medically necessary.