

<b>Case Number:</b>	CM14-0009985		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Occupational Medicine 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 55-year-old female who has submitted a claim for Chronic Fatigue Syndrome, Chronic Pain Syndrome, Fibromyalgia, Cervical Pain/Strain Syndrome, Cervical Radiculopathy, Cervical Disk Herniation, Lumbar Pain/Strain Syndrome, Lumbar Radiculopathy, and Lumbar Disk Herniation, associated with an industrial injury date of June 14, 2005. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to the thighs, legs, and feet. She also complained of neck and bilateral shoulder pain radiating to the lumbar spine. She also reported headaches, dizziness, memory loss, and difficulty concentrating. On physical examination, there was tenderness of the cervical paraspinal muscles. There was restricted range of motion of the cervical spine as well as decreased sensation. She was unable to perform heel- and toe-walk and there was loss of lumbar lordosis. There was also tenderness of the lumbar spine with restricted range of motion. Sciatic and femoral tension signs were positive bilaterally. An MRI of the lumbar spine dated October 8, 2013 revealed mild facet arthropathy at L3-4 and L4-5, with a posterior annular tear at L4-5 with disc protrusion resulting in mild effacement of the anterior sac with no neural abutment or central canal narrowing. Treatment to date has included medications, home exercise program, cognitive behavioral therapy, and electrical muscle stimulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet joint block injection lumbar (L) 3-L4 and L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Intraarticular Injections (Therapeutic Blocks).

**Decision rationale:** The California MTUS does not specifically address facet joint injections for chronic low back pain. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. The ODG states that facet joint intra-articular injections are under study. Criteria for use of therapeutic intra-articular blocks include (1) no more than one therapeutic intra-articular block is recommended; (2) no evidence of radicular pain, spinal stenosis, or previous fusion; (3) if successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy; (4) no more than 2 joint levels may be blocked at any one time; and (5) there should be evidence of a formal plan of additional evidence-based activity and exercise. In this case, the patient was assessed to have lumbar radiculopathy supported by history and physical examination findings. The presence of radiculopathy is a contraindication to lumbar facet blocks. Therefore, the request for facet joint block injection lumbar (L) 3-L4 and L4-L5 is not medically necessary.