

<b>Case Number:</b>	CM14-0105466		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/23/1996
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 66 year old female who reported an injury on 10/23/1996. The mechanism of injury was not specified. Her diagnoses included lumbar spondylosis, lumbarradiculopathy, and chronic pain syndrome. Her past treatments included an epidural steroid injection, medications, and physical therapy. There were no diagnostic tests noted. No pertinent surgical history was noted. On 06/02/2014, the injured worker complained of increased low back pain since her epidural steroid injection. She reported that her medications do help, but not enough. She also reported no significant leg pain and that she was doing some gardening, but no specific exercises for her back. She had not been to physical therapy in many years. The physical exam revealed her lumbar spine had mild tenderness to palpation over the facet joint with increased pain on extension and rotation. Her medications included Docuprene 100mg, Duloxetine 30mg, Fentanyl 12mcg, and Hydrocodone 10mg. The treatment plan was for her to continue her current medications, but consider tapering off if the pain did not improve. The importance of regular exercise was discussed and it was recommended she review lumbar strengthening and start on a regular basis. Medial branch blocks were recommended at L3-5 to determine if the lower facet joints were the source of the pain. The rationale for the request was Final Determination Letter for IMR Case Number [REDACTED] to find out if the lower facet joints were the source of the pain. The request for authorization form was provided on 06/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paravertebral facet Joint Lumbar Bilateral L3, L4, L5, 64493-50, 64494-50, 64495-50:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 11th Edition (WEB), 2013, Low Back Chapter.

**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) Low Back, Facet joint diagnostic blocks (injections); Facet Joint Pain, Signs & Symptoms

**Decision rationale:** The request for a paravertebral facet joint lumbar bilateral at L3, L4, L5, 64493-50, 64494-50 and 64495-50 is not medically necessary. The injured worker has a history of lumbar spondylosis, lumbar radiculopathy and chronic pain syndrome. The California MTUS/ACOEM Guidelines state invasive techniques, including local injections and facet joint injections of Cortisone and Lidocaine, are of questionable merit. The Official Disability Guidelines state the following for facet joint/medial branch block injections: they are limited to those with low-back pain that is non-radicular and at no more than two levels bilaterally; there should be documentation of failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4-6 weeks; there should be no more than 2 facet joint levels that are injected in one session; and diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Additionally guidelines state the indicators of pain related to facet joint pathology include: tenderness to palpation in the paravertebral areas over the facet region; a normal sensory examination; the absence of radicular findings, although the pain may radiate below the knee; and a normal straight leg raising exam. The injured worker complained of increased low back pain but no specific leg pain since an epidural steroid injection. Her physical exam indicated her lumbar spine had mild tenderness to palpation over the facet joint with increased pain on extension and rotation. There is a lack of physical examination findings to support injections at L3-5. A neurological examination was not provided to rule out radicular findings. Moreover, the guidelines state there should be failed conservative treatment including a home exercise program, physical therapy and NSAIDs prior to the procedure for at least 4-6 weeks. It was noted the injured worker had not participated in physical therapy in years. There is a lack of documentation regarding the failure of a recent trial of conservative care. Therefore, the request is not supported. As such, the request for a paravertebral facet joint lumbar bilateral at L3, L4, L5, 64493-50, 64494-50 and 64495-50 is not medically necessary.