

<b>Case Number:</b>	CM14-0107360		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	09/19/2002
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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:

Patient is a 55-year-old female who has submitted a claim for lumbar facet arthropathy, moderate lumbar stenosis, lumbosacral disc space collapse, lumbar spondylolisthesis and disc desiccation associated with an industrial injury date of 9/19/2002. Medical records from 2006 to 2014 were reviewed. Patient complained of low back pain and right hip pain, rated 6/10 in severity. Patient was able to perform prolonged walking for approximately 1 mile with medication use. Physical examination of the lumbar spine showed restricted motion, tenderness, positive lumbar facet loading test, and negative straight leg raise test. Motor and sensory exam were intact. MRI of the lumbar spine, dated 7/24/2011, demonstrated mild spinal stenosis at L4-L5, L3-L4, and L2-L3. There was trace grade 1 anterolisthesis of L4 on L5 and multilevel mild neural foraminal narrowing. Treatment to date has included lumbar facet block injections in 2012 (resulting to 75% symptom relief leading to improved daily functioning), trigger point injections, medications and physical therapy. Patient is continuing her daily exercise program at this time. Utilization review from 6/23/2014 denied the request for facet blocks L4-5 and L5-S1 bilaterally x 1 because of no objective evidence of functional benefit, including return to work or decreased medication use, with previous facet block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet Blocks L4-5 and L5-S1 Bilaterally X 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

**Decision rationale:** Page 300 of CA MTUS ACOEM Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, patient complained of low back pain, rated 6/10 in severity. Physical examination of the lumbar spine showed restricted motion, tenderness, positive lumbar facet loading test, and negative straight leg raise test. Motor and sensory exam were intact. Patient underwent lumbar facet block injections in 2012 (resulting to 75% symptom relief leading to improved daily functioning), trigger point injections, medications and physical therapy. Clinical manifestations were consistent with facet joint pain. There was also failure of conservative management. Previous block likewise resulted to significant functional benefit. Lastly, patient is continuing her daily exercise program at this time - an important adjunct to facet block procedure. Guideline criteria were met. Therefore, the request for facet blocks L4-5 and L5-S1 bilaterally x 1 is medically necessary.