

<b>Case Number:</b>	CM14-0011912		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50-year-old female who has submitted a claim for cervical radiculopathy, lumbar disc herniation with radiculopathy, bilateral shoulder tendinitis, chronic insomnia, chronic gastritis, and mild depression associated with an industrial injury date of 06/03/2009. Medical records from 2012 to 2013 were reviewed. Patient complained of low back pain radiating to the left lower extremity associated with numbness, graded 7 to 9/10 in severity. Physical examination of the lumbar spine showed limited range of motion and tenderness. Motor strength was normal. Hyporeflexia of left patella and ankle was noted. Straight leg raise test was positive at the left. Sensation was diminished at left L5-S1 dermatomes. MRI of the lumbar spine, dated 07/30/2009, demonstrated a 2 mm circumferential disc bulge with focality in the right posterior paracentral region at the L5-S1 level, right neural foraminal narrowing at L5-S1, and patent central spinal cord canal and left neural foramen. At L3-L4, there was a left posterior paracentral annular tear, with patent central spinal canal and neural foramina. Treatment to date has included L5-S1 epidural steroid injection on 08/09/2012, home exercise program, physical therapy and medications. Utilization review from 12/23/2013 denied the request for lumbar facet block injection because the guideline does not support its combination with lumbar epidural steroid injection, which was likewise requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR FACET BLOCK INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**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 Diagnostic Block.

**Decision rationale:** Page 300 of CA MTUS American College of Occupational and Environmental Medicine (ACOEM) supports facet injections for non-radicular facet mediated pain. In addition, (ODG) Official Disability Guidelines criteria for diagnostic facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, Physical Therapy (PT), and Non-Steroidal Anti-Inflammatory Drugs (NSAID) 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. It is not recommended to perform epidural blocks on the same day of treatment as facet blocks as this may lead to unnecessary treatment. In this case, clinical manifestations are consistent with radiculopathy: back pain radiating to the left lower extremity, hyporeflexia of left ankle / patella, dysesthesia at left L5-S1 dermatomes, and a positive SLR, left. MRI of the lumbar spine, dated 07/30/2009, showed right neural foraminal narrowing at L5-S1. A radicular type of pain is not an indication for facet block as stated above. Moreover, treatment plan from 09/12/2013 included lumbar ESI at L5-S1 level. It is unclear if the plan is to perform a simultaneous Epidural Steroid Injection and facet block, which is not recommended. Guideline criteria were not met. Furthermore, the request failed to specify intended level for injection. The request is incomplete; therefore, the request for lumbar facet block injection is not medically necessary.