

<b>Case Number:</b>	CM14-0015596		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/06/2001
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Rehabilitation & Pain Management 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 63-year-old female with date of injury of 09/06/2001. The listed diagnoses per [REDACTED] dated 01/23/2014 are: 1. HNP lumbar. 2. Sciatica. According to this report, the patient has increasing pain and spasms with decreased mobility in the low back and hips and legs after excellent benefit for 2 to 3 months ago from a facet block in the lumbar spine. The objective findings show mild positive straight leg raise at 80 degrees. There is a decrease in horizontal torsion and lateral bend visible. There are palpable lumbar spasms noted. No other findings were documented on this report. The utilization review denied the request on 02/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR FACET INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**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) ODG on Facet joint diagnostic blocks (injections).

**Decision rationale:** This patient presents with low back pain. The treating physician is requesting lumbar facet injections. The ACOEM Guidelines do not support facet injection for treatments but does discuss dorsal median branch blocks as well as radiofrequency ablations. ODG Guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with nonradicular symptoms. No more than 2 levels bilaterally are recommended. The operative report dated 08/15/2013 shows that the patient underwent a left L5-S1 and L4-L5 facet injection under fluoroscopy. The progress report dated 08/29/2013 notes that the patient reports 100% benefit in relief of low back pain, left hip, buttock, and leg pain following therapeutic diagnostic block, with continued significant pain on the right hip to the right leg. The operative report dated 11/14/2013 shows radiofrequency neurotomy of the medial branch block of the posterior primary ramus of the left L4-L5 and L5-S1. The progress report dated 11/21/2013 notes dramatic improvement from facet blocks with significant improvement from radiofrequency ablation of the lumbar spine. In this case, the patient already underwent a lumbar RF neurotomy in 2013. It is unclear why repeat lumbar facet injections would be warranted given that the patient has undergone radiofrequency ablation. Furthermore, the treating physician does not specify the level requested for the lumbar facet injections. The request is not medically necessary.