

<b>Case Number:</b>	CM14-0018208		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 63-year-old female who has submitted a claim for lumbar sprain associated with an industrial injury date of June 8, 2012. Medical records from 2013 were reviewed. The patient complained of low back pain radiating to the lateral aspects of the bilateral lower extremities. Physical examination of the lumbar spine showed an antalgic gait; tenderness with muscle guarding, more on the right; limitation of motion with apprehension and guarding with sharp pain on extension of the lumbar spine; positive SLR past 70 degrees produces pain on right lower back and partway down the right posterolateral mid-calf; Achilles DTR 1+ on the left and absent on the right; and decreased sensation to pinprick distally. MRI of the lumbar spine on October 24, 2012 revealed right paracentral disc protrusion at L2-L3, L3-L4 and L4-5; moderate stenosis of the right lateral recess at L2-L3 and L3-L4; and moderate stenosis of the bilateral lateral recess at L4-L5. EMG and NCS performed on October 24, 2012 confirmed L4-L5 right radiculopathy. The diagnoses were low back pain, sciatica, lumbar degenerative disc disease, HNP and spinal stenosis. The treatments to date included oral topical analgesics, acupuncture, physical therapy, aquatic therapy, home exercises and lumbar ESIs. Utilization review from January 28, 2014 denied the request for bilateral L4-L5 facet joint block injections because there are clinical examination findings of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FACET JOINT BLOCKS INJECTION L4-L5, BILATERAL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
LOW BACK COMPLAINTS, THERAPEUTIC FACET JOINT INJECTIONS.

**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  
Chapter: Facet joint diagnostic blocks (injections).

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG criteria for use of diagnostic medial branch blocks are as follows: clinical presentation should be consistent with facet joint pain, signs & symptoms; limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. In this case, there is objective evidence of lumbar radiculopathy on physical examination corroborated by imaging and electrodiagnostic studies. Moreover, there was no objective evidence of failure in conservative treatment for at least 4-6 weeks prior to the planned procedure. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for facet joint blocks injection L4-L5, bilateral is not medically necessary.