

<b>Case Number:</b>	CM14-0134703		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Medicine and Rehabilitation and Pain 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:

The injured worker is a 55-year-old female who sustained an injury on 7/16/12. On 7/25/14 the patient presented with increasing left-sided lower back pain. She reported that her neck pain continued to improve following the ESIs she underwent and that her lower back pain, as well as the sciatic-like pain was her main complaint at this time. On exam, cervical flexion was 50 degrees, cervical extension was 30 degrees and cervical rotation was 80 degrees bilaterally. MRI of the cervical spine dated 08/01/12 revealed disc degeneration at C5-C6 and C6-C7, worse at C6-C7 with loss of disc height and anterior osteophyte. At C6-C7, there was an osteophyte at the uncovertebral joint that causes narrowing of the right C6-C7 neural foramen with compression of the right C7 nerve root. At C5-C6, there was diffuse disc bulge that causes compression of the anterior thecal sac and mild-to-moderate central canal stenosis. As per the 2/18/14 report she was not on any pain medication but on the report from 7/25/14, Norco, Voltaren and Flexeril were listed. Previous treatments included analgesic medications, opioid therapy, and lumbar and cervical epidural steroid injection. She had reportedly undergone cervical epidural steroid injection previously, which provided greater than 90% relief for about eight months. She had a cervical ESI on 02/12/14 and lumbar ESI in January; she currently notes 70% relief of her neck pain, and continued relief of her low back pain, although she notes her sciatic pain has begun returning. Diagnoses include cervical spondylosis, right C6-7 neural foramen compression, and right lumbar radiculopathy. The request for L4-5 S1 Facet Block Injection Left Side was denied on 8/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L4 - 5 S1 Facet Block Injection Left Side: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; Facet - joint injections ODG Guidelines

**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 pain, Lumbar facet injection.

**Decision rationale:** According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway: No more than one therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive), when performing therapeutic blocks, no more than 2 levels may be blocked at any one time, if prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy, There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the medical records document the injured worker has had sciatic-like pain for which she received ESI. There is no imaging evidence of lumbar facet arthritis. There is no evidence of past physical therapy or plan for rehabilitation. The injured worker does not meet the above criteria. Therefore, the request is not medically necessary according to the guidelines and due to lack of documentation.