

<b>Case Number:</b>	CM14-0023632		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/23/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Family Practice, and is licensed to practice in Texas and Mississippi. 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 35-year-old male who reported an injury due to continuous trauma on 11/23/2010. On 10/23/2013, his diagnoses included degenerative disc disease and facet arthrosis. On 09/25/2013, the treatment plan included a Request for lumbar facet blocks, the rationale being that this treatment had helped this worker in the past. The goal of the proposed blocks was to help his pain so that he could reduce his opiate medications to a more reasonable level. On 11/25/2013, he underwent bilateral L4, L5 and S1 facet nerve/medial nerve blocks. On 01/15/2014, his complaints were low back pain radiating down the posterior left leg to the ankle due to lumbar degenerative disc disease at L5-S1 and facet/foraminal stenosis. The worker reported that he had a 50% benefit from the facet blocks for several weeks with axial low back pain. On 02/19/2014, this worker felt that his overall pain was worse, and reported that the epidural steroid injections and facet blocks were no longer covered. A Request for Authorization dated 02/17/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR FACET BLOCK AT L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT IN WORKERS COMPENSATION, LOW BACK.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections).

**Decision rationale:** The request for LUMBAR FACET BLOCK AT L5-S1 is not medically necessary. The California ACOEM Guidelines recommend that invasive techniques are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits, facet blocks offer no significant long term functional benefit, nor do they reduce the need for surgery. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The request did not include neurotomy to be performed subsequent to the facet block. Additionally, the request did not specify whether the proposed facet block was bilateral or unilateral. The clinical information submitted failed to meet the evidence based guidelines for a facet block. Therefore, this request for LUMBAR FACET BLOCK AT L5-S1 is not medically necessary.