

<b>Case Number:</b>	CM14-0023881		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/03/2014
<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 Physical Medicine & Rehabilitation 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 37 year old male who reported an injury on 06/01/2007. The mechanism of injury was not noted in the documentation provided. The injured worker complained of low back pain and radiating leg pain. Upon physical examination, the lumbar spine shows very limited extension to about 5 degrees and flexion to about 45 degrees, straight leg test was negative and deep tendon reflexes show blunting of the Achilles reflex on the left side at 2/5. The facet joints are exquisitely tender upon palpation at L4-5 and L5-S1 bilaterally and the sacroiliac joints and piriformis muscles are mildly tender upon the left side. There was a magnetic resonance imaging (MRI) on 07/16/2013. Prior to the date of injury the injured worker had a L5-S1 laminectomy, microdiskectomy and then posterios flexible rod fixation at L5-S1. Postdate of injury the injured worker received an epidural steroid injection which per the injured worker provided temporary relief. In addition the injured worker treated the pain with medications which include Soma 350mg, Norco 10/325mg, Celebrex 200 - 400mg and Exalgo 12mg. The requested treatment plan was for initial diagnostic injections of the lumbar facet joints. The request for authorization form dated 01/27/2014 was included; the rationale was not included with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT L-SPINE FACET BLOCKS AT BILATERAL L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG Guidelines, Low Back, Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** The request for CT L-Spine Facet Blocks at bilateral L4-5 is not medically necessary. The injured worker described the pain as primarily localized in the bilateral area of the lumbosacral junction, but with some radiating neuropathy going down into the left lower extremity with numberless and tingling. According to the California MTUS/American College of Occupational and Environmental Medicine Guidelines states that facet injections are of questionable merit. The Official Disability Guidelines (ODG) recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy. The criteria stated that the use of diagnostic blocks for facet mediated pain is limited to patients with low back pain that is non-radicular. In addition there needs to be documentation of failure of conservative care (including home exercise, physical therapy and non-steroidal anti-inflammatory drug treatment and the documentation needs to include pain relief with an instrument such as a visual analog (VAS) scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The guidelines also state that diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. The injured worker described radiating pain and there is no documentation to indicate the injured worker's pain rating with and without the medications. There is also a lack of documentation to support the failure to treat the pain with home exercise and physical therapy. In addition documentation provided noted that a disk replacement surgery was authorized after a positive discogram. Based on the above noted, the request is not medically necessary.