

<b>Case Number:</b>	CM14-0029806		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 34 year old female who was injured on 12/07/2007 when she was finishing a massage of an elderly male patient. She then tried to assist him into a sitting position. He did not lean forward when she lifted and the injured worker felt immediate pain in her sternum. She developed shoulder, back, and neck pain and pain in the arms and legs. Treatment to date has included activity modification; medications; physical therapy/home exercise program; and cortisone injections to the left shoulder and lumbar spine. The records document that the injured worker has findings on physical examination consistent with a left sided lumbar radiculopathy (diminished motor, sensory and reflexes).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FACET BLOCK INJECTION AT L3-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

**Decision rationale:** ACOEM guideline provide that there is no strong quality medical literature regarding the efficacy of radiofrequency neurotomy in the lumbar spine. Diagnostic lumbar facet joint/medial branch blocks may be indicated for patients with low back pain that is non-radicular and that has been refractory to conservative treatment. The injured worker in this case has findings indicative of a possible left-sided lumbar radiculopathy. There are no clinical findings consistent with facetogenic pain as would be demonstrated by significant tenderness to palpation over the facets and positive facet loading. Given the current clinical data, medical necessity is not established for the requested facet block injection at L3-L5.