

<b>Case Number:</b>	CM14-0041104		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Medicine and is licensed to practice in Florida. 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 49-year-old female with a reported date of injury on 06/26/2012. The mechanism of injury was noted to be moving heavy boxes. Her diagnoses were noted to include lumbar strain with disc bulge at L3-4 and L4-5, left sided neural foraminal stenosis and additional disc bulge at L5-S1, sacroiliac joint dysfunction, and greater trochanteric bursitis to the left hip. Her previous treatments were noted to include physical therapy, chiropractic care, medications, epidural steroid injection, and a home exercise program. The MRI of the lumbar spine dated 07/01/2014 revealed a small intraforaminal left sided disc bulge at the L3-4 and L4-5 with mild left sided neural foraminal stenosis. A small disc bulge at L5-S1 with high intensity zone centrally without spinal canal or neural foraminal stenosis. The progress note dated 02/11/2014 revealed the injured worker complained of moderate to severe pain radiating down her left lower extremity from the back of her leg to the bottom of her foot. There was a positive straight leg raise noted, decreased deep tendon reflexes to the S1 dermatomal distribution, and minimal signs and symptoms. The Request for Authorization form dated 03/17/2014 was for facet blocks; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 lumbar diagnostic L5 facet block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back (updated

03/18/14): Suggested indicators of pain related to facet joint pathology; Criteria for the use of diagnostic blocks for facet "mediated" pain.

**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, Facet joint diagnostic blocks.

**Decision rationale:** The request for 1 Lumbar Diagnostic L5 Facet Block is not medically necessary. The injured worker has radicular symptoms such as positive straight leg raise and decreased deep tendon reflexes in the S1 dermatomal distribution. 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 Guideline criteria for the use of diagnostic blocks for facet-mediated pain is clinical presentation should be consistent with facet joint pain signs and symptoms such as tenderness to palpation in the paravertebral areas (over the facet region), a normal sensory examination, absence of radicular findings, although pain may radiate below the knee, and normal straight leg raising exam. The Guidelines state 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. This pain response should last at least 2 hours for lidocaine. The Guidelines state facet blocks are limited to patients with low back pain that is non-radicular and no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are injected in 1 session. The Guidelines state diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. There is a lack of documentation regarding facet examination, the documentation provided indicated a positive straight leg raise and diminished deep tendon reflexes; however, a sensory examination was not performed and there was a lack of documentation regarding tenderness over the facet region. Therefore, due to radicular symptoms and the lack of clinical pathology regarding facet-mediated pain, a facet block is not warranted at this time. As such, the request for 1 Lumbar Diagnostic L5 Facet Block is not medically necessary.

**1 lumbar diagnostic S1 facet block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG Low Back (updated 03/18/14): Suggested indicators of pain related to facet joint pathology; Criteria for the use of diagnostic blocks for facet "mediated" pain.

**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, Facet joint diagnostic block.

**Decision rationale:** The request for 1 Lumbar Diagnostic S1 Facet Block is not medically necessary. The injured worker has radicular symptoms such as positive straight leg raise and decreased deep tendon reflexes in the S1 dermatomal distribution. 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 Guideline criteria for the use of diagnostic blocks for facet-mediated pain is clinical presentation should be consistent with facet joint pain signs and symptoms such as tenderness to palpation in the paravertebral areas (over the facet region), a normal sensory examination, absence of radicular findings, although pain may radiate below the knee, and normal straight leg raising exam. The Guidelines state 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. This pain response should last at least 2 hours for lidocaine. The Guidelines state facet blocks are limited to patients with low back pain that is non-radicular and no more than 2 levels bilaterally. There must be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are injected in 1 session. The Guidelines state diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. There is a lack of documentation regarding facet examination, the documentation provided indicated a positive straight leg raise and diminished deep tendon reflexes; however, a sensory examination was not performed and there was a lack of documentation regarding tenderness over the facet region. Therefore, due to radicular symptoms and the lack of clinical pathology regarding facet-mediated pain, a facet block is not warranted at this time. As such, the request for 1 Lumbar Diagnostic S1 Facet Block is not medically necessary.