

<b>Case Number:</b>	CM14-0049473		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/15/2000
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Medicine, and is licensed to practice in Texas & 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:

This is a 64 year old female patient who sustained a work related injury on 11/15/2000. The exact mechanism of injury was not specified in the records provided. The current diagnosis includes bilateral lumbar facet pain. Per the doctor's note dated 3/10/14, patient has complaints of right sided low back, hip and buttock pain, sciatic pain in buttock and upper thigh; right leg feels heavy. Physical examination revealed waddling antalgic gait secondary to knee pain, moderate right sided tenderness over facet column and right Piriformis muscle, painful ROM, straight leg raise negative, deep tendon reflexes bilaterally equal and within normal limits and normal sensory examination. The current medication lists include Hydrocodone, Ultracet and Flector Patch. Any diagnostic imaging report was not specified in the records provided. The patient's history includes status post left radio frequency medial branch neurotomy with neurotomies at L3-4, L4-5, L5-S1 and SI on May7, 2012 and lumbosacral radio frequency ablation of the medial branch nerves at L3/4, L4/5, L5/S1 and lateral branch nerves at S1, S2, and S3 on 9/27/12. Other therapy done for this injury was not specified in the records provided. The patient has used a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Lumbar Radiofrequency L4-L5 L5-S1 Facet Joints: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-8 Table. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 10/28/14) Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** MTUS/ACOEM guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended except as a diagnostic tool. Minimal evidence for treatment." Per the cited guidelines, facet joint intraarticular injections are "Under study". In addition, regarding facet joint injections, ODG states, "1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy" The patient's surgical history include left radio frequency medial branch neurotomy with neurotomies at L3-4, L4-5, L5-S1 and SI on May7, 2012 and lumbosacral radio frequency ablation of the medial branch nerves at L3/4, L4/5, L5/S1 and lateral branch nerves at S1, S2, and S3 on 9/27/12. As per cited guideline "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)." Any evidence of the initial pain relief of 70%, and pain relief of at least 50% for duration of at least 6 weeks following prior bilateral facet joint injections, was not specified in the records provided. A recent detailed clinical evaluation of the lumbar region was not specified in the records. Physical examination revealed straight leg raise negative, deep tendon reflexes bilaterally equal and within normal limits and normal sensory examination. Any diagnostic imaging report was not specified in the records provided. Per the doctor's note dated 3/10/14, patient has complaints of right sided low back, hip and buttock pain, sciatic pain in buttock and upper thigh; right leg feels heavy. These symptoms are suggestive of possible radiculopathy per the cited guidelines, Facet injection is not recommended in a patient with evidence of radicular pain. In addition, there was no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. A detailed response of the PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for Right Lumbar Radiofrequency L4-L5 L5-S1 Facet Joints is not fully established for this patient.