

<b>Case Number:</b>	CM14-0055937		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 and 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:

This 48 year-old patient sustained an injury on 5/12/11 from pushing and pulling boxes while employed by [REDACTED]. The request under consideration is a lumbar spine bilateral facet block L4-5. The patient is s/p on 5/6/13, bilateral L4-5 hemilaminotomies, medial facetectomies, and foraminotomies. MRI of the lumbar spine on 8/9/13 showed apparent post-surgical bilateral laminectomy at L4-5; mild disc desiccation; multi-level 1-2 mm disc protrusion at L2-3, L3-4, and L4-5 with flattening ventral aspect of thecal sac; and Grade I spondylolisthesis at L5-S1. Conservative care has included physical therapy (16 visits), medications, and modified activities/rest. A report dated 3/4/14 from the provider noted low back pain and left buttock pain radiating to left lower leg with exam findings of positive SLR at 50 degrees on left. The provider noted the patient with increased left lower extremity radiculopathy causing decrease in functional level. A report dated 4/1/14 from the provider noted the patient with chronic severe lumbar spine and leg pain with pain medications not working. The patient continues on TTD status. Exam showed left antalgic gait; lumbar range of flex/extension of 40/10 degrees; positive SLR at 80 degrees on left and 85 degrees on right. The provider noted the patient with persistent bilateral radicular pain (left greater than right) and low back pain causing decreased functional activity. The request for lumbar spine bilateral facet block L4-5 was non-certified on 4/18/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine bilateral facet block L4-5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

**Decision rationale:** Per the Official Disability Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints and positive clinical findings of radiculopathy. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The lumbar spine bilateral facet block L4-5 is not medically necessary and appropriate.