

<b>Case Number:</b>	CM14-0056164		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/05/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/31/2014
<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 Family Medicine 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 is a 37 year old male patient that reported an industrial injury on 1/5/2011 attributed to the performance of his customary job duties. The patient was claimed cumulative trauma from 2007 to 2011. The patient was diagnosed with lumbar stenosis; lumbar radiculopathy; and lumbar strain. The patient has been treated with medications, physical therapy; injections; MRI studies; electromyography/ nerve conduction study to the bilateral lower extremities; sacroiliac joint blocks; right L4-5 and L5-S1 facet joint injection and MBB. The patient was noted to have received facet injections to the right L4-5 and L5-S1 on 11/13/2013 and again on 2/18/2014 to L4-S1. The patient was reported to have relief for a short term from the provided right sided medial branch blocks (MBB) in order to allow the patient to enter and exit his vehicle. The treatment plan included possible radiofrequency ablation; weight loss; and facet injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two Lumbar Facet Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300, 309, 174-75, 187, Chronic Pain

Treatment Guidelines injections Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter--Facet joint blocks and injections; MBB;

**Decision rationale:** The request for the lumbar spine MMB or facet blocks to right lumbar spine L4-S1 is inconsistent with the recommendations of the ACOEM Guidelines or the ODG for the treatment of this injured worker. The California MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine and no documented diagnosis of lumbar spine facet hypertrophy. There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There is no demonstrated medical necessity for multiple level median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested additional medial branch blocks or facet blocks for the diagnosis of lumbar strain and lumbar spine spondylosis. The patient received two prior MBB/facet injections with no documented sustained functional improvement or reduction of medications. The use of facet blocks and RFA to the lumbar spine is not recommended by the California MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit". The California MTUS states that facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally". The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the California MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments". Therefore the request is not medically necessary.