

<b>Case Number:</b>	CM14-0057485		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/13/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Georgia. 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:

Progress report dated 02/21/2014 noted the patient was experiencing axial back pain, myofascial pain radiating into the left leg, with a sense of giving way intermittently. She reported a pain score of 8. Primary pain complaint lower back pain radiating into the back of the leg in an L4-L5 distribution, with associated paresthesia. Upper extremity exam demonstrated intact function of the biceps, deltoid, and radial, median, and ulnar nerves functionally. Abduction and adduction were intact. Hoffman test was negative. No atrophy noted. Cervical motion of 35 degrees of flexion, 40 degrees of extension. Guarding with 70 degrees of lumbar flexion noted; 10 degrees of extension noted. Pain reported more on the left side, over the SI joint and lower L5-S1 facet region. Recommendations at that time for facet blocks at L4-L5 and L5-S1 levels were made, along with recommendations for a TLSO brace. Progress report from 06/20/2014 noted a normal neurologic exam. Tenderness at paraspinals at the bilateral L5 levels noted. Straight leg raise tests were negative. Normal, pain-free range of motion was documented. Strength was 5/5 bilaterally, and special tests including O'Brien and Patrick-Fabere were negative bilaterally. Facet blocks at the bilateral L4-L5 and L5-S1 levels were performed on 06/20/2014. Progress report from this date makes note of a desire by Dr. Eidelson to perform a repeat set of these injections "before I discharge her from my care and treatment." Progress report dated 08/17/2014 states the patient presented with low back pain that was moderate in nature. On exam, the lumbar spine revealed no tenderness over paraspinous processes. Range of motion was normal. Straight leg raise test was negative. She had tenderness of the hip flexor muscles, the hip adductor muscles, the biceps femoris muscle. The patient was diagnosed with localized primary osteoarthritis of the pelvic region and thigh; fibromyositis; neuralgia; enthesopathy of hip region and closed fracture of phalanx of foot. The treatment and plan consisted of ibuprofen, Aleve, and facet block injections at L4-5 and L5-S1. Prior utilization review dated 03/24/2014 states the decision for Lumbar 4 to 5 and lumbar 5 to sacral 1 facet block

injection times 2 is denied as guideline criteria had not been met.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar 4 to 5 and lumbar 5 to sacral 1 facet block injection times 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatments for Worker's Compensation, Online Edition, Chapter : Low Back and Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286-326. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):Low back. Facet block injection.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), lists therapeutic facet injections of corticosteroids for acute, subacute, or chronic low back pain (LBP) as "Moderately Not Recommended, B Level." Diagnostic facet injections are deemed to have insufficient evidence, with no recommendation for or against. Per the Official Disability Guidelines (ODG), facet joint injections are performed with a diagnostic purpose primarily, with the intent of proceeding to facet neurotomy at the diagnostic levels if successful. Facet diagnostic blocks of the medial branch nerves have been found to have better predictive effect than facet intra-articular injections with corticosteroids. One set of diagnostic medial branch blocks (MBB) performed on an individual with clinical presentation of facet pain is recommended. A positive result is greater than or equal to 70% response rate, with approximately 2-hours of pain relief for a lidocaine injection. Injections should be limited to patients with non-radicular cervical pain, performed at no more than two levels bilaterally. They should only be performed after there has been a documented failure of conservative treatment. No more than two joint-levels should be injected in one session. Confirmatory blocks do not appear to be cost effective nor do they seem to prevent the incidence a false positive response to neurotomy itself. For therapeutic purposes, no more than a single intra-articular block is suggested. If successful (at least 50% relief for 6-weeks or greater), it is recommended to proceed to a medial branch diagnostic block (MBB) and subsequent neurotomy if MBB is positive. The medical records document that the patient has already had at least one set of facet blocks performed on 06/20/2014. Based on the ODG and ACOEM guidelines and criteria as well as the clinical documentation stated above, the request for Facet Block Injections to the Bilateral L4-L5 and L5-S1 levels is not medically necessary.