

<b>Case Number:</b>	CM14-0089565		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/28/2008
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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:

The injured worker is a 34-year-old-female who sustained industrial injury on 04/28/08. She continues to have low back pain, which is relieved sufficiently with medication. She reports pain is rated 5/10 to 10/10. She describes her pain as aching, constant, radiating, and severe. She has had Lumbar Facet Nerve Blocks on 12/23/13 and Radiofrequency Ablation (RFA) of lumbar facet medial branch nerves on 03/24/14. Physical exam of the Lumbar spine reveals: Straight leg raise was positive at 30 degrees bilaterally. Palpation of the lumbar facet reveals pain on both sides at L3-S1 region. Pain is noted over the lumbar intervertebral spaces (discs) on palpation. Palpation of the bilateral sacroiliac joint reveals no pain. Gait appears to be antalgic. Palpation of the greater trochanteric burse on both sides reveals no tenderness. Anterior flexion of lumbar spine is 30 degrees. Anterior lumbar flexion causes pain. Extension of lumbar spine is 10 degrees. There is pain with lumbar extension. Motor strength is grossly normal. Current medications are Cyclobenzaprine, Norco, and Terocin patch. Diagnoses are lumbosacral spondylosis without myelopathy; radiculopathy, lumbar spine; fibromyalgia/myositis. The UR determination for left facet injection L3-S1 times 2 with fluoroscopy and anesthesia was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left facet injection L3-S1 times 2 with fluoroscopy and anesthesia: Upheld**

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

**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.

**Decision rationale:** According to the Official Disability Guidelines, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway : No more than one therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion; 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); When performing therapeutic blocks, no more than 2 levels may be blocked at any one time; If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy; There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the request is for two series of lumbar facet blocks of more than two levels at the same time. There is no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. Therefore, the request is considered not medically necessary based on the guidelines and submitted clinical information.