

<b>Case Number:</b>	CM13-0035883		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/12/2000
<b>Decision Date:</b>	03/02/2015	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

### 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 69 year old claimant with reported industrial injury of 9/12/00. Exam note July 19, 2013 demonstrates complaints of low back pain and radiating bilateral leg pain. Examination lumbar spine demonstrates tenderness to palpation bilaterally. Rigidity and guarding was positive. The facet joints were noted to be tender bilaterally. Bilateral lower extremity strength was four over five. In addition, the patient was noted to have a positive straight leg raise test at 30 bilaterally. Previous treatments have included physical therapy, transcutaneous electrotherapy, epidural steroid injection and chiropractic care. MRI the lumbar spine from September 10, 2013 demonstrates degenerative changes at L4-L5 with mild to moderate canal and moderate bilateral foraminal stenosis. Request is made for bilateral lumbar facet joint blocks under fluoroscopy with sedation L4-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar Facet Joint Blocks Under Fluoroscopy with Sedation at levels L4-S1:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Facet Joint Therapeutic Steroid Injections

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

**Decision rationale:** The ACOEM Practice Guidelines states, "Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks requires that the clinical presentation to be consistent with the set mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case, the exam note from 7/19/13 demonstrates radicular complaints. Therefore, the request is not medically necessary.