

<b>Case Number:</b>	CM14-0012583		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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. 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: Physical Medicine & Rehabilitation

### 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 injured worker is a 35 year old male who reported an industrial injury on 4-8-2013. His diagnoses, and or impression, were noted to include: lumbar facet joint disease; lumbar radiculopathy; and lumbar degenerative disc disease. No current imaging studies were noted. His treatments were noted to include: an agreed medical examination, with impairment rating, on 12-10-2013; a neurological consultation with electrodiagnostic testing on 1-14-2014; epidural steroid injection therapy; medication management; and rest from work. The progress notes of 12-30-2013 reported complaints of low back pain that radiated to the bilateral lower extremities, left > right, as well as difficulty with prolonged sitting, standing and walking. Objective findings were noted to include: tenderness to the lumbosacral para-vertebral muscles, painful and decreased range-of-motion with pain to the bilateral hips and buttocks, and pain with facet loading maneuvers. The physician's requests for treatments were noted to include bilateral lumbosacral facet block injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Facet block injection at left L4-L5 and L5-S1, with fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Disorders, Physical Methods, Facet Injections, page 300.

**Decision rationale:** Per Guidelines, medial branch/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 radiating leg pain complaints, diagnosis of radiculopathy s/p epidural injections. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently (L4, L5, S1) as in this case. Submitted reports have not demonstrated support outside guidelines criteria. The One (1) Facet block injection at right L4-L5 and L5-S1, with fluoroscopy is not medically necessary or appropriate.

**One (1) Facet block injection at right L4-5 and L5-S1, with fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Disorders, Physical Methods, Facet Injections, page 300.

**Decision rationale:** Per Guidelines, medial branch/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 radiating leg pain complaints, diagnosis of radiculopathy s/p epidural injections. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently (L4, L5, S1) as in this case. Submitted reports have not demonstrated support outside guidelines criteria. The One (1) Facet block injection at left L4-L5 and L5-S1, with fluoroscopy is not medically necessary or appropriate.