

<b>Case Number:</b>	CM14-0136080		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 51 year old patient with date of injury of 07/20/2011. Medical records indicate the patient is undergoing treatment for s/p lumbar discectomy at L5-S1, lumbar radiculopathy, and lumbar spondylosis. Subjective complaints include low back pain that radiates to left buttock and posterior thigh into calf and lateral foot with numbness. Objective findings include decreased lumbar range of motion with tenderness to palpation over the paraspinal region at lumbar/sacral junction, normal strength and decreased sensation and a straight leg positive on left. MRI dated 04/15/2014 revealed status post left sided laminectomy with probable epidural fibrosis, right foraminal encroachment at L5-S1; broad based disc bulge at L4-L5 and left paracentral annular tearing. Treatment has consisted of physical therapy, epidural steroid injections, Soma, Flexeril, Neurontin, Norco, Advil, Prilosec and Desyrel. The utilization review determination was rendered on 08/18/2014 recommending non-certification of L5-S1 Facet Blocks Bilateral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Facet Blocks Bilateral:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s):

46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections); MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

**Decision rationale:** MTUS is silent specifically with regards to facet injections, but does refer to epidural steroid injections. ODG and MD Guidelines agree that: "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 (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended . . . If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." ODG details additional guidelines: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. Medical documentation provided indicate that this patient has an annular tear per MRI that was completed on 04/15/2014. Objective and subjective findings indicate that this patient has symptoms of radiculopathy, not facet-mediated pain. Facet blocks are limited to patients with non-radicular low back pain. The treating physician has not provided medical documentation to meet the above guidelines at this time. As such, the request for L5-S1 Facet Blocks Bilateral is not medically necessary.