

<b>Case Number:</b>	CM14-0193071		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	01/17/2008
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 49-year-old male with date of injury of 01/17/2008. The listed diagnoses from 10/24/2014 are: 1. Degeneration of the lumbar or lumbosacral intervertebral disc. 2. Chronic pain syndrome. 3. Left lower extremity pain and paresthesia. 4. Sacroiliitis, NOS. 5. Myalgia and myositis. 6. Sacral radiculopathy, chronic left S1. 7. Post-laminectomy syndrome from September 2009. According to this report, the patient complains of chronic and stabbing low back, right knee, and left leg pain. Eighty percent of his pain is located in his back that goes down along the left leg. He reports constant pain and difficulty with activities including sleeping and lying down at night. The patient states that the left L5-S1 transforaminal epidural steroid injection from 03/04/2010 was "greatly beneficial and provided him at least 70% pain relief," which lasted for at least 3 months with improvement of function including exercises, doing house chores, and taking less medications. He rates his low back and left leg pain 5/10 with medication and 8/10 without medication. Examination shows palpation of the lumbar spine demonstrates severe tenderness. Mild positive left straight leg raise. Decreased range of motion in the lumbar spine. Decreased sensation to light touch in the left foot on the lateral aspect. Mild numbness and tingling on the left posterior thigh. Motor strength is 5/5. The treater references an MRI of the lumbar spine from 03/15/2014 that showed L5-S1 left laminectomy. There is osteophytic bridging or fibrosis at this location. Mild DDD at L4-L5. Diffuse facet OA throughout. The documents include progress reports from 04/18/2014 to 10/24/2014. The utilization review denied the request on 11/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5, L5-S1 Facet Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back - Lumbar & Thoracic (Acute & Chronic) Chapter Facet Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Facet joint diagnostic blocks (injections)

**Decision rationale:** This patient presents with chronic low back pain that radiates along his left leg, and right knee and left leg pain. The current request is for a Bilateral L4-L5, L5-S1 Facet Block. The ACOEM Guidelines do not support facet injection for treatment, but does discuss dorsal medial branch block as well as radiofrequency ablations. ODG Guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The 10/24/2014 report notes that the patient previously received a transforaminal epidural steroid injection at the left L5-S1 level on 03/04/2010, which provided 70% pain relief that lasted for 3 months. Epidural steroid injections require corroborative findings of radiculopathy in an MRI, while facet injections require non-radicular symptoms with no more than 2 levels bilaterally. Given that the patient does present with radicular symptoms, a medial branch block is not supported by the ACOEM and ODG Guidelines. The request is not medically necessary.