

<b>Case Number:</b>	CM14-0207856		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

55y/o male injured worker with date of injury 8/16/11 with related low back pain. Per progress report dated 10/24/14, the injured worker complained of ongoing lower back pain that was rated 4/10 with medications, and 6/10 without. Per physical exam of the lumbar spine and lower extremities, there was palpable tenderness of the lower lumbar spine and overlying the facets at approximately L5-S1. There was decreased sensation over the right L5 dermatome distribution. Straight leg raise test was negative bilaterally. There was positive facet loading noted. MRI of the lumbar spine dated 9/25/12 revealed at a 2-3 mm posterior disc protrusion at L4-L5 with associated annular tear, encroachment on the thecal sac and foramina and 3-4 mm anterior disc protrusion/osteophyte formation complex, a 2 mm retrolisthesis at L5-S1 and a 3mm pseudo and/or true posterior disc protrusion with encroachment on the epidural fat and foramina with an annular tear in relation to the posterior aspect of the disc with encroachment on the epidural fat and foramina with compromise of the exiting nerve roots, 3-4mm anterior disc protrusion/osteophyte formation complex. Treatment to date has included physical therapy, chiropractic manipulation, epidural steroid injections, and medication management. The date of UR decision was 11/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back

**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, Facet Joint Intra-articular Injections (therapeutic blocks)

**Decision rationale:** The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." "Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." The documentation submitted for review indicates that the injured suffers from radiculopathy. This is evidenced by MRI findings which were not available to the UR physician. The request is not medically necessary.