

<b>Case Number:</b>	CM14-0208071		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/26/2005
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 42 years old female patient who sustained an injury on 1/26/2005. She sustained the injury while driving a school bus. The current diagnoses include lumbar facetogenic pain, chronic low back pain associated with lumbar degenerative disc disease, and lumbar radiculopathy. Per the doctor's note dated 10/7/2014, she had complaints of low back pain. The physical examination of the lumbar spine revealed spasm, painful and limited range of motion, positive Lasegue on the left, positive straight leg raise on the left at 60 degrees, decreased sensation on the left at S1 distribution as well as pain on the left at S1 distribution with tenderness to palpation at the left sciatic notch, tenderness to palpation over the facet joints, pain with axial loading. The medications list includes ultram ER, tylenol#3, anaprox and prilosec. She has had Magnetic Resonance Imaging (MRI) of the lumbar spine dated 05/02/13 which revealed at L3-4, 2.7 mm diffuse disc protrusion (less than 2 mm in flexion, 4.0 mm in extension) effaced the thecal sac, at L4-L5, 2.7 mm diffuse disc protrusion (less than 2 mm in flexion, 2.7 mm in extension) effaced the thecal sac, mild discogenic spondylosis and mild facet arthrosis at L3-S1, fatty atrophy of the multifidi at L4-S1 and hemangioma at T12. She has undergone facet block at L4-5 and L5-S1 on 1/24/2012. She has had pool therapy and TENS for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet Block at L3-5 Bilaterally:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**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); Chapter: Low Back (updated 01/30/15) Facet joint medial branch blocks (therapeutic injections) Facet joint injections, lumbar Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** Per the cited guidelines "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." Per the ODG low back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended except as a diagnostic tool. Minimal evidence for treatment." Per the cited guidelines, facet joint intra articular injections are "Under study". In addition, regarding facet joint injections, ODG states, "There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." There is no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to median branch block. One of the criteria for medial branch blocks or facet joint injections includes that the pain should be non radicular in nature. In this case patient is having low back pain with diagnosis of lumbar radiculopathy with positive straight leg raising on the left side. Therefore, there is no high grade scientific evidence to support the facet block for this patient as cited above. The medical necessity of Facet Block at L3-5 bilaterally is not fully established for this patient at this juncture.