

<b>Case Number:</b>	CM14-0040178		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/01/2001
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/05/2014

### 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: Arizona, 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:

The injured worker is a 53 year old male who sustained an industrial injury on 03-01-2001. A review of the medical records indicated that the injured worker is undergoing treatment for low back pain and post lumbar laminectomy syndrome. The injured worker is status post lumbar fusion at L4-L5 and L5-S1 with interbody bone graft and removal of hardware (no date documented). According to the treating physician's progress report on 02-06-2014, the injured worker continues to experience low back pain radiating down the anterior part of the legs into the feet. The injured worker rated his average pain at 6-7 out of 10 on the pain scale. Examination of the lumbar spine demonstrated baseline low back pain with radiating pain to the lower extremities, left leg greater than right leg. There was crepitus on range of motion with decreased range of motion. No new neurological deficits were noted. Prior treatments included diagnostic testing, surgery, trial spinal cord stimulator (no implant), physical therapy, lumbar epidural steroid injection, home exercise program and medications. Current medications were listed as Opana ER, Nucynta, Cymbalta, Lorzone, Aciphex, Colace and Lunesta. Treatment plan consists of home exercise program on a regular and on-going basis, continuing medication regimen and the current request for left lumbar facet joint injection at L3-L4. On 03-18-2014, the Utilization Review determined the request for left lumbar facet joint injection at L3-L4 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Left Lumbar Facet Joint Injection at L3/L4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
[https://www.acoempracguides.org/Low back; Table 2. Summary of Recommendations, Low Back Disorders. Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back.](https://www.acoempracguides.org/Low%20back;Table%202.%20Summary%20of%20Recommendations,%20Low%20Back%20Disorders.%20Official%20Disability%20Guidelines;%20Work%20Loss%20Data%20Institute,%20LLC;%20Corpus%20Christi,%20TX;www.odg-twc.com;Section:Low%20Back)

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter and pg 36.

**Decision rationale:** According to the guidelines, facet blocks may be provided for those with facet tenderness/ symptoms and no radiculopathy. There were prior notes in 2012 with facet tenderness and request for a medial branch block. Therapeutic response is unknown. The exam note in 2/2014 did not indicate any information about facet pain. There was also an MRI which showed some encroachment of the neural foramina indicate some nerve root involvement. The request for the medial branch block is not justified and is not medically necessary.