MAXIMUS Federal Services

| Case Number: | CM15-0104158 | | |
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| Date Assigned: | 06/11/2015 | Date of Injury: | 10/12/2007 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/14/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

## 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 50-year-old female, with a reported date of injury of 10/12/2007. The diagnoses include low back pain, thoracic/lumbosacral neuritis/radiculitis, lumbar postlaminectomy syndrome, intervertebral lumbar disc disorder with myelopathy, lumbar disc disease, major depressive disorder, pain disorder associated with psychological factors, and avoidant personality. Treatments to date have included oral medications, topical pain medication, physical therapy, chiropractic care, and lumbar spine surgery. The progress report dated 11/24/2014 indicates that the injured worker reported no change in her pain. She did not feel that there had been any improvement since her surgery. It was noted that had increased migraine headaches as well. The injured worker felt that some days her mood was better than others were, but it mostly had not changed very much since her last appointment. The objective findings include a stable mood, a superficial affect, no suicidal ideation, and fair concentration. The progress report dated 10/13/2014 indicates that after the lumbar spine surgery, the injured worker stated that her pain was no better, and she had ongoing lower extremity complaints. She reported the same left-sided low back and buttock pain, with no change in distribution. She also reported hypersensitivity in her left lower extremity. The injured worker's average pain without medications was 10 out of 10, and with medications, the pain was rated 2 out of 10. The physical examination showed tenderness to palpation of the lumbar spine, tenderness in the low back with a well-healed surgical scar, hypersensitivity to touch in her thighs and ankles, left sciatic notch tenderness, restricted range of motion of the lumbar spine due to pain, positive

bilateral straight leg raise test, an antalgic gait, bilateral lumbar spasm, and decreased bilateral lower extremity strength. The treating physician requested a left L5-S1 facet block.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left 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 And Thoracic, Acute and Chronic, Facet Joint intra-articular injections (therapeutic blocks).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, under Facet Joint Diagnostic Blocks.

**Decision rationale:** The patient presents on 12/08/14 with lower back pain, which radiates into the lower extremities, and associated numbness and tingling (worse on the left). The patient rates her pain at 10/10 without medications, 2/10 with medications. The patient's date of injury is 10/12/07. Patient is status post lumbar laminectomy and fusion at L5-S1 levels on 12/06/11 with an unspecified repeat fusion on 08/01/14. The request is for LEFT L5-S1 FACET BLOCK. The RFA was not provided. Physical examination dated 12/08/14 reveals a well healed lumbar surgical incision, tenderness to palpation of the lumbar spine, hypersensitivity to touch in the bilateral thighs and ankles, and positive straight leg raise bilaterally. Neurological examination reveals decreased deep tendon reflexes in the bilateral lower extremities, and decreased sensation in the left L3, L4, and L5 dermatomal distributions and the right L3, L4, L5, and S1 dermatomal distributions. The patient is currently prescribed Fentanyl, Oxycodone, Lyrica, Nortriptyline, Nitzatidine, Omeprazole, Zofran, Amitiza, Lactulose, Senokot, Pramosone, Seroquel, and Fluoxetine. Diagnostic imaging was not included. Patient is currently not working. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: "Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered “under study". Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facetneurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." ACOEM Practice Guidelines, 2nd

Edition (2004), Chapter 12 low back complaints, under "Physical Methods", pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. In regard to the request for a lumbar facet block, the patient does not meet guideline criteria. Utilization review denied this request on grounds that it was a repeat facet block, though there is no evidence in the records provided that this patient has undergone such a procedure to date. However, ODG does not support the use of facet blocks (diagnostic or otherwise) in patients who present with a history of fusion at the levels to be injected, or in patients with radicular pain. This patient underwent L5-1 fusion on 12/06/11, and complains of lower back pain which radiates into the buttocks/lower extremities. Given this patient's history of lumbar fusion at the requested levels, and the presence of radicular symptoms, the requested facet block cannot be substantiated. The request IS NOT medically necessary.