

<b>Case Number:</b>	CM15-0108053		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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, Texas, New Mexico  
 Certification(s)/Specialty: Anesthesiology

### 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 was a 62 year old female, who sustained an industrial injury, January 19, 2012. The injured worker previously received the following treatments 3 epidural steroid injection, Mobic, Protonix, Trazodone, Tramadol, compound cream and physical therapy for the lumbar spine. The injured worker was diagnosed with hypertension, lumbago, sciatica and lumbar disc herniation. According to progress note of April 14, 2015, the injured worker's chief complaint was lower back pain. The injured worker was status post epidural steroid injection. The physical exam noted decreased range of motion. The injured worker was status post three epidural steroid injections. The treatment plan included a facet joint block to the bilateral L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet joint block to bilateral L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic.

**Decision rationale:** This is a review for the requested facet joint block to bilateral L4- L5. According to the Occupational Medicine Practice Guidelines there is some evidence to suggest medial nerve branch block provides pain relief in the cervical spine. Unfortunately there is little evidence to support the use of this procedure in the lumbar region. At most there are mixed results with lumbar facet neurotomies. According to the ODG, facet joint intra-articular injections are under study and facet joint medial branch blocks are not recommended except as a diagnostic tool. There are several criteria recommended for use of these blocks. These criteria include facet tenderness, normal sensory exam, absence of radicular findings, no evidence of radicular pain. According to the medical documentation this patient meets the criteria for a diagnostic lumbar facet block. For the therapeutic facet block current evidence is conflicting, according to the ODG. No more than one therapeutic block is recommended and if successful with 70% pain relief and at least 50% pain relief for 6 weeks then the recommendation is to proceed with medical branch diagnostic block and then facet neurotomy. Only one therapeutic block is recommended, therefore the above listed issue is not medically necessary.