

<b>Case Number:</b>	CM15-0147791		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, Hawaii  
 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 53-year-old male who sustained an industrial injury on December 6, 2010 resulting in low back pain. He was diagnosed with spondylolisthesis of L4 and L5, facet arthrosis, right-sided paracentral disc protrusion, and, foraminal stenosis. Documented treatment has included laminectomy with no symptom improvement, caudal epidural injection with no improvement, L4 and 5 selective nerve root block without relief, participation in a functional restoration program, home exercise, and medication. The injured worker continues to report back pain, stiffness and muscle spasms. The treating physician's plan of care includes L4-5 lumbar facet block. He is working full time, full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 Lumbar Facet Block, QTY: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar, facet joint block.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for L4-L5 Lumbar Facet Block, QTY: 1. The treating physician report dated 7/1/15 (8C) states, "The patient continues to describe low back pain, especially in the left side, and he is focally tender over the lumbosacral junction and the L4-L5 facet joints. There is pain with extension maneuvers as well. His MRI does confirm advanced facet arthrosis at the L4-L5 level with spondylolisthesis. I recommend we go ahead and proceed with lumbar facet blocks at L4-L5." The report goes on to state, "He continues to describe lower back pain, especially in the left side radiating to the left lateral thigh and occasionally to the groin." The MTUS guidelines do not address facet block injections. The ODG guidelines state specifically the criteria used for facet joint pain injections which include, tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings and normal straight leg raising. The ODG guidelines go on to state that diagnostic blocks for facet mediated pain should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The guidelines further state, "One set of diagnostic medial branch blocks is required with a response of 70%." In the case, the patient has facet mediated pain with some pain into the lower extremity noted but no radiculopathy is present. There is no documentation of any previous facet block injections performed. The current request is medically necessary.