

<b>Case Number:</b>	CM15-0149418		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Pain Management

### 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 (IW) is a 65 year old female who sustained an industrial injury on 10/10/2013. She reported symptoms of low back and knee pain. The injured worker was diagnosed as situation post L4-5 discectomy partial vertebratomy. Treatment to date has included lumbar surgery (10/21/2014), CT of lumbar spine which showed a fusion at L4-5, and no complication of the instrumentative lumbar fusion. Currently on 06/30/2015, the injured worker is seen in follow up visit for exacerbation of low back pain. She complains of low back pain and ischial bursa pain on the left that she rates an "11" on a scale of 0-10. Pain is greater in the morning, on awakening, and when sitting. Prolonged standing and walking make the pain worse, and it is alleviated by rest. The pain is also associated with leg weakness. Medications include Tramadol, and Lyrica. On exam, the worker has normal sensation to light touch in all four extremities, can walk with normal heel-to toe-gait, and has symmetric deep tendon reflexes. The left ischial bursa is tender to palpation. At eight months post op, she is radiographically stable but still healing. The treatment plan is to request a caudal-lumbar facet block with consideration of an ischial bursal block, work restrictions, and follow-up after the facet injections. A progress report dated August 7, 2015 identifies subjective complaints of low back pain with pain and weakness radiating into the right leg. Physical examination revealed no abnormalities. Diagnosis states that the patient underwent L4-5 discectomy with fusion performed with XLIF device. The treatment plan recommends caudal facet injections and possible RFA. A request for authorization was submitted for a caudal lumbar facet block and radiofrequency ablation if indicated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal lumbar facet block and radiofrequency ablation if indicated:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for caudal lumbar facet block and radio frequency ablation if indicated, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, the patient appears to have ongoing radicular complaints. Additionally, there are no recent physical examination findings supporting a diagnosis of facet arthropathy. Furthermore, the current request for "caudal lumbar facet block," is unclear. I would assume, that the request should have been for bilateral L5/S1 facet injections, but that is unclear and there is no provision to modify the current request. Finally, there is no provision to modify the request for "radiofrequency ablation if indicated," to include the actual indications for that procedure to ensure that it would not be done if it was not actually indicated in accordance with guidelines. In the absence of clarity regarding those issues, the currently requested caudal lumbar facet block and radio frequency ablation if indicated is not medically necessary.