

<b>Case Number:</b>	CM15-0164540		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	12/09/1999
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: 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 60 year old female who sustained an industrial injury on 12-9-99. Her initial complaints and the nature of the injury are unavailable for review. The 7-24-15 Pain and Neurology report states indicates her diagnosis as lumbar spondylosis with grade 1 spondylolisthesis of L4 and L5 with mild degenerative disk disease, failed back syndrome, lumbar degenerative disk disease, major depression disorder, migraine with aura, bilateral carpal tunnel syndrome, fibromyalgia, hypothyroidism, and a questionable transischemic attack. She underwent bilateral facet injections at L4-5 and L5-S1 on 3-13-15. The report states "it did give her relief of about 80% ". The report states that the injured worker has had a recurrence of pain over the last six weeks. She reported that she was unable to exercise like she had been due to the increasing pain. Previous treatment modalities have included physical therapy, a TENS unit, facet injections, a medial branch block on the left at L3, 4, and 5, a radiofrequency neurotomy, and bilateral L4-5 and L5-S1 "interarticular facets". The report indicates that the goal was to avoid putting her back on narcotics and stated that the "facets and exercise allow us to use less medications". The treatment plan was to continue home exercise therapy, continue use of a TENS unit, and repeat the L4-5 and L5-S1 facet injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat lumbar spine, bilateral L4-5, L5-S1 facet injections: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks; ACOEM 2013, Low back complaints, Clinical measure, Injection therapy, Diagnostic facet joint injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

**Decision rationale:** According to the guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant had prior injections with relief however it was only good for 4 months and the claimant had neurotomies as well. The ACOEM guidelines do not recommend invasive procedures due to their short-term benefit. As a result the request for additional facet blocks is not medically necessary.