

<b>Case Number:</b>	CM15-0188625		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	03/30/2015
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 is a 55 year old male, who sustained an industrial injury on 3-30-2015. The injured worker was diagnosed as having lumbar sprain-strain and facet joint syndrome and lumbar spondylosis and stenosis. Treatment to date has included acupuncture and medications. Currently (8-13-2015), the injured worker complains of continued lower back pain, not rated. He reported attending 4 acupuncture sessions so far and his "lower back cramping and spasms have significantly improved". He denied any lower extremity radicular symptoms. Medication use included Norco. His work status was modified and he was not working. Exam noted full lumbar flexion without pain, but extension exacerbated his lower back pain. Positive lumbar facet provocative maneuvers were noted bilaterally and there was "no significant tenderness" at the lower lumbar paraspinals to palpation. The treatment plan included continued Norco and lower lumbar facet joint blocks (unspecified). Imaging of the lumbar spine was not referenced or submitted. On 9-16-2015 Utilization Review non-certified, the requested lumbar facet blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown lower lumbar facet blocks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections).

**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, Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." MRI of the lumbar spine dated 6/1/15 revealed congenital stenosis with superimposed facet arthrosis and hypertrophy, and multi-level low-level discogenic change; very high-grade central stenosis at multiple levels, greatest in degree at L3-L4 and L4-L5, and redundancy from touching roots of the caudal equina at the level of the conus medullaris; moderate to moderately severe neural foraminal stenosis L3-L4 and L4-L5 levels. As evidence of spinal stenosis is an exclusionary criteria, the request is not medically necessary.