

<b>Case Number:</b>	CM15-0198184		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/26/2008
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine

### 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 51 year old female, who sustained an injury on March 26, 2008. The injured worker was undergoing treatment for lumbar disc displacement, lumbar radiculopathy, and post laminectomy syndrome of the lumbar region. According to progress note of May 22, 2015, the injured worker's chief complaint was constant local sharp stabbing pain that makes it difficult to perform activities of daily living. The injured worker rated the pain at 5-7 out of 10. The quality of the pain was severe and the type of pain was sharp. The physical exam noted the gait was within normal limits. The injured worker heel and toe walked without difficulty. There was paralumbar spasms with 2 plus tenderness with palpation bilaterally. The injured worker was able to forward flexion and touch the knees. The right and left rotation was diminished bilaterally. The straight leg raises were positive bilaterally at 40 degrees. The range of motion was limited due to pain. The sensation to light touch was intact. There was normal motor strength to all extremities. The injured worker previously received the following treatments Norco, Roxicodone, ice and heat application, NSAIDS, physical therapy and muscle relaxants. The RFA (request for authorization) dated September 25, 2015; the following treatments were requested bilateral L2-L3 and L5-S1 facet joint blocks. The UR (utilization review board) denied certification on October 8, 2015; for bilateral L2-L3 and L5-S1 facet joint blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right L2-L3 facet Joint Block #1: 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), Law Back -Lumbar and Thoracic.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter--Facet joint diagnostic blocks.

**Decision rationale:** As per MTUS, invasive, techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Facet joint therapeutic steroid injections are not recommended and are of questionable merit. ODG also do not recommended Intra-articular blocks. No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. While not recommended, criteria for use of therapeutic intra-articular blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. 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). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. The treating provider's notes do not clearly indicate symptoms and signs consistent with facet joint pain. There are no corroborative imaging studies. Within the submitted medical records it is not clear what functional improvement this injured worker had from previous facet joint injections. Based on the currently available information in the submitted Medical Records, the guidelines are not met. The medical necessity for the requested treatment: Right L2-L3 facet Joint Block #1 has not been established. Therefore, the request is not medically necessary.

### **Left L2-L3 Facet Joint Block #1: 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).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter--Facet joint diagnostic blocks.

**Decision rationale:** As per MTUS, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Facet joint therapeutic steroid injections are not recommended and are of questionable merit. ODG also do not recommended Intra-articular blocks. No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. While not recommended, criteria for use of therapeutic intra-articular blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. 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). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. The treating provider's notes do not clearly indicate symptoms and signs consistent with facet joint pain. There are no corroborative imaging studies. Within the submitted Medical Records it is not clear what functional improvement this injured worker had from previous facet joint injections. Based on the currently available information in the submitted Medical Records, the guidelines are not met. The medical necessity for the requested treatment: left L2-L3 facet joint block #1 has not been established. Therefore, the request is not medically necessary.

**Right L5-S1 facet Joint Block #1: 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).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter--Facet joint diagnostic blocks.

**Decision rationale:** As per MTUS, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Facet joint therapeutic steroid injections are not recommended and are of questionable merit. ODG also do not recommended Intra-articular blocks. No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. While not recommended, criteria for use of therapeutic intra-articular blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or

previous fusion. 2. 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). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. The treating provider's notes do not clearly indicate symptoms and signs consistent with facet joint pain. There are no corroborative imaging studies. Within the submitted Medical Records it is not clear what functional improvement this injured worker had from previous facet joint injections. Based on the currently available information in the submitted Medical Records, the guidelines are not met. The medical necessity for the requested treatment: Right L5-S1 facet Joint Block #1 has not been established. Therefore, the request is not medically necessary.

### **Left L5-S1 Facet joint block #1: 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).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter--Facet joint diagnostic blocks.

**Decision rationale:** As per MTUS, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Facet joint therapeutic steroid injections are not recommended and are of questionable merit. ODG also do not recommended Intra-articular blocks. No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. While not recommended, criteria for use of therapeutic intra-articular blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. 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). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. The treating provider's notes do not clearly indicate symptoms and signs consistent with facet joint pain. There are no corroborative imaging studies. Within the submitted Medical Records it is not clear what functional improvement this injured worker had from previous facet joint injections. Based on the currently available information in the submitted Medical Records, the guidelines are not met. The medical necessity for the requested treatment: left l5-s1 facet joint block #1 has not been established. Therefore, the request is not medically necessary.