

<b>Case Number:</b>	CM15-0201709		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	02/03/2015
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Preventive Medicine, Occupational 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:

This 32 year old male sustained an industrial injury on 2-3-15. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain. Previous treatment included physical therapy and medications. In an initial orthopedic evaluation dated 9-18-15, the injured worker complained of "moderate to occasionally severe" low back pain with radiation to bilateral lower extremities associated with numbness and tingling in bilateral feet and stiffness and tightness of the muscles in the low back. The injured worker's pain increased with prolonged standing, walking and sitting as well as lying flat on his back and using stairs. The injured worker reported having difficulty with activities of daily living including toileting, putting on shoes and socks, preparing food, sitting, walking, standing, lifting 5 to 10 pounds, caring for children, getting in and out of a car, exercising and sleeping throughout the night.

Physical exam was remarkable for lumbar spine with tenderness to palpation over the paraspinal expanse bilaterally with palpable spasms at L4-5 and L5-S1, range of motion: flexion 30 degrees and extension and bilateral lateral flexion 15 degrees, positive bilateral straight leg raise and difficulty with knee to chest testing. The injured worker's upright posture was guarded. He walked with a "slow and deliberate" gait with shortened stride. The injured worker had difficulty turning from prone to supine and rising from a seated position. The injured worker had 5 out of 5 lower extremity strength, intact sensation and 1+ bilateral patellar and Achilles deep tendon reflexes. The physician documented that magnetic resonance imaging lumbar spine (9-6-15) showed mild annular disc bulge at L5-S1 with bilateral facet arthropathy and facet effusions with multilevel syndesmophytes in the anterior lumbar spine and endplates of L2 noted to be

compatible with early ankylosing spondylitis and multilevel degenerative facet arthropathy. The physician recommended bilateral facet blocks at L5-S1. On 10-6-15, Utilization Review noncertified a request for bilateral facet blocks at L5-S1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral facet blocks L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. In this case, there is evidence of low back pain with associated radiculopathy. Therefore, the request for bilateral facet blocks L5-S1 is not medically necessary.