

<b>Case Number:</b>	CM15-0027447		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Physical Medicine & Rehabilitation

### 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 40 year old male, who sustained an industrial injury on 9/27/12. He has reported back pain and right shoulder injury. The diagnoses have included lumbar radiculopathy, chest contusion and right shoulder injury. Treatment to date has included lumbar epidural block, oral medications and right shoulder surgery. (MRI) magnetic resonance imaging and (EMG) Electromyogram studies have been performed. Currently, the injured worker complains of tightness of right leg with some back discomfort and some neck discomfort. Physical exam dated 12/14/14 revealed complaints of pain with back extension, pain with rotation and pain over the facet joints and lumbosacral paraspinal region. It is noted his pain significantly improved subsequent to his lumbar epidural block. On 1/14/15 Utilization Review non-certified facet injection bilateral L4-5 and L5-S1 with moderate sedation and fluoroscopy, noting the guidelines state facet injections at the level of known radiculopathies should not be performed, the medical necessity of the request is not established. The MTUS, ACOEM Guidelines and ODG were cited. On 2/13/15, the injured worker submitted an application for IMR for review of facet injection bilateral L4-5 and L5-S1 with moderate sedation and fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet injection bilateral L4-55 & L5-S1, moderate sedation, fluoroscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301.  
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks.

**Decision rationale:** The patient presents with back pain radiating to lower extremities. The request is for FACET INJECTION BILATERAL L4-5 AND L5-S1, MODERATE SEDATION FLUOROSCOPY. The request for authorization is dated 01/09/15. The patient is status-post interlaminar epidural steroid injection 02/24/14. The patient also has some neck discomfort. Patient has pain over the facet joints and lumbosacral paraspinal region. Patient's reflex and sensory examination now are normal. Patient is not working. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy (a procedure that is considered "under study"). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Criteria for the use of diagnostic blocks for facet nerve 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 be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical 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 joint levels are injected in one session (see above for medial branch block levels). 8. The use of IV sedation 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. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1) axial pain, either with no radiation or severely past the shoulders; 2) tenderness to palpation in the paravertebral areas, over the facet region; 3) decreased range of motion, particularly with extension and rotation; and 4) absence of radicular and/or neurologic findings." Per progress report dated 01/26/15, treater's reason for the request is "In order to allow more efficient rehabilitation and decrease the amount of pain the patient has, and allow the patient to increase his level of function." Per operative report dated 02/24/14, patient underwent an interlaminar epidural steroid injection and patient's diagnosis includes lumbosacral radiculopathy. However, per progress report dated 12/16/14, treater states, "Previously the patient did have a significant lumbosacral radiculopathy, which is significantly improved subsequent to his lumbar epidural block. At present, his back pain seems to be emanating from his lumbar facets." Per progress report dated 01/26/15, physical exam findings show presently the patient no longer has radiculopathy. Per progress report dated 12/16/14, treater states,

"Reflex and sensory examination now are normal." Furthermore, the patient has not had any facet injections previously. Therefore, the request IS medically necessary.