

<b>Case Number:</b>	CM15-0028456		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Texas, 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 38-year-old male, with a reported date of injury of 09/15/1998. The diagnoses include low back pain, facet arthropathy, and pain flare-up. Treatments included oral medications, physical therapy, and home exercises. The comprehensive physiatry pain management follow-up report dated 01/05/2015 indicates that the injured worker reported that he was trying to do his home exercises, but the intensity of the pain was so bad that he was unable to do activities the way that he used to do before. He also reported that the flaring-up of pain was so bad that he had to go to the emergency room. The injured worker reported the pain 4-9 of 10. The physical examination showed an antalgic gait, normal lower extremity strength, tightness in the low back during the straight left raise test in the sitting position, lumbosacral paraspinal muscle spasm with tenderness over the bilateral lower lumbosacral facet joints, and painful extension and lateral rotation. The treating physician requested bilateral L4-L5 facet joint injections under fluoroscopy for positive subjective and objective findings. On 01/26/2015, Utilization Review (UR) denied the request for bilateral facet block at L4-5, noting that it was unclear if the injured worker had undergone any recent active treatment, and the dates of service, types of injections, and injured worker's response to prior spinal injections were not documented. The patient had received spinal injections ESI for this injury. The patient sustained the injury when he was carrying a basket with heavy material and fell. The patient has had X-ray of the low back on 3/26/12 that revealed mild osteoarthritis and MRI of the right shoulder and thoracic spine and MRI of the lumbar spine that revealed lumbar spine disc herniation at L5-S1 disc

protrusion and foraminal narrowing. The current medication list was not specified in the records provided.

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

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

#### **BILATERAL FACET BLOCK L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

**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 (updated 03/24/15) Facet joint intra-articular injections (therapeutic.)

**Decision rationale:** Request: BILATERAL FACET BLOCK L4-L5 ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines medial branch blocks are "Under study". 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. The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. He had complains of constant low back pain, and is associated with muscle spasms positive SLR, and MRI findings indicates disc protrusion with foraminal barrowing and patient had received an ESI for this injury. These symptoms are suggestive of possible radiculopathy per the cited guidelines, Facet injection is not recommended in a patient with evidence of radicular pain. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for BILATERAL FACET BLOCK L4-L5 is not fully established in this patient.