

<b>Case Number:</b>	CM15-0211364		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	10/28/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 is a 42 year old male, who sustained an industrial injury on 10-28-2014. A review of the medical records indicates that the worker is undergoing treatment for thoracic disc herniation of T11-T12, lumbar strain at L5-S1 and disc herniation and lumbar facet arthropathy. MRI of the lumbar spine dated 11-10-2014 was noted to show left sided disc protrusion at L5-S1 with disc degeneration and lymphoma at L1 subcutaneously. EMG/NCS on 02-24-2015 showed left L5 and S1 radiculopathy. Treatment has included Norco, Ibuprofen, Meloxicam, Celecoxib, chiropractic treatment, physical therapy and acupuncture. Subjective complaints (08-05-2015) included low back pain going down to the left calf and mid thoracic area. Objective findings included tenderness at the L4-L5 spinous processes as well as muscle spasm, decreased range of motion of the lumbar spine and positive supine straight leg raising and facet load tests on the left. The treatment plan included pain medication. Subjective complaints (09-30-2015) included left shoulder tightness and left sided low back pain. Objective findings (09-30-2015) included tenderness to palpation on the left sacroiliac joint and posterior superior iliac spine and lumbar paraspinals. The plan included acupuncture. Subjective complaints (10-08-2015) included low back and left sided back pain radiating to the left groin area and intermittent mild leg pain. Objective findings included pain to palpation of the lumbar spine with palpable spasms over the left aspect of the L5-S1, pain to palpation over the facet joints at L5-S1 and limited range of motion of the lumbar spine due to pain. The physician noted that conservative care had been exhausted and authorization was being requested for diagnostic facet injections at the bilateral

L5-S1 facet joints. A utilization review dated 10-21-2015 non-certified requests for right and left L5-S1 facet medial branch blocks with fluoroscopy.

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

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

#### **Right L5-S1 facet medial branch blocks with fluoroscopy: 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-TWC), Low Back - Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for Right L5-S1 facet medial branch blocks with fluoroscopy, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the patient's pain is not affecting his function. As such, interventional procedures are generally not necessary. Additionally, multiple medical reports indicate that the patient has subjective complaints and objective findings of radiculopathy, and guidelines recommend against facet procedures in the presence of ongoing radicular issues. As such, the currently requested Right L5-S1 facet medial branch blocks with fluoroscopy are not medically necessary.

#### **Left L5-S1 facet medial branch blocks with fluoroscopy: 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-TWC), Low Back - Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for Left L5-S1 facet medial branch blocks with fluoroscopy, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of

radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the patient's pain is not affecting his function. As such, interventional procedures are generally not necessary. Additionally, multiple medical reports indicate that the patient has subjective complaints and objective findings of radiculopathy, and guidelines recommend against facet procedures in the presence of ongoing radicular issues. As such, the currently requested Left L5-S1 facet medial branch blocks with fluoroscopy are not medically necessary.