

<b>Case Number:</b>	CM15-0215552		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: North Carolina

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 31 year old male, who sustained an industrial injury on 8-10-2013. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain and right leg pain, and severe back pain localized right to the L5-S1 joint below the iliac crest with significant lower back pain. On 9-17-2015, the injured worker reported low back pain, and bilateral leg pain. The Primary Treating Physician's report dated 9-17-2015, noted the nerve root injection did not provide the injured worker with significant relief. The physical examination was noted to show tenderness to palpation in the lower facet joint regions bilaterally with decreased rule range of motion (ROM) and normal sensation to light touch throughout the bilateral lower extremities. A lumbar MRI dated 9-19-2014 was noted to reveal retrolisthesis at L4-L5 about 3.9mm as well as L5-S1 5.5mm with annular tear at L5-S1 with clear abutment of the transiting S1 nerve root and L4-L5 with paracentral disc herniation and clear abutment of the transiting L5 nerve root, "most likely cause of leg symptoms". The injured worker was noted to have signs of instability with pain in the facet joint region and also with loading of the facet joint region bilaterally. Prior treatments have included right L5 selective nerve root block on 8-31-2015, chiropractic treatments with pain reduced 25%, physical therapy, medical marijuana, and Oxycodone. The treatment plan was noted to include a request for authorization for bilateral facet blocks at L4, L5, and S1. The request for authorization dated 9-23-2015, requested bilateral L4-L5 and L5-S1 facet block injections. The Utilization Review (UR) dated 10-2-2015, non-certified the request for bilateral L4-L5 and L5-S1 facet block injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral L4L5 and L5-S1 facet block injections:** Upheld

**Claims Administrator 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, criteria for the use of diagnostic blocks for facet mediated pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet blocks.

**Decision rationale:** The ACOEM states: 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. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy. 4. No more than 2 joint levels are injected in 1 session. 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation as the request is for more than 2 levels. Therefore the request is not medically necessary.