

<b>Case Number:</b>	CM15-0218550		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	06/17/2000
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: 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 55 year old female who sustained an industrial injury on Jun 17, 2000. The worker is being treated for: chronic low back pain in the setting of lumbar facet osteoarthritis and lumbar DDD. Subjective: May 19, 2015 she reported complaint of left sided low back pain and left lateral knee and calf pain. August 24, 2015, October 19, 2015 she reported that medication regimen, activity restriction and rest continue to keep pain within a manageable level allowing her to complete ADLs. September 21, 2015 she reported heartburn, constipation and intermittent nausea side effects of medication. Objective: September 21, 2015 noted lumbar tenderness and spasm in the bilateral paraspinous muscles and ligaments with referred pain into buttocks. Diagnostic: April 2015 MRI lumbar spine. Medication: May 2015, June 2015, August 2015, September 2015, October 19, 2015: Morphine Sulphate ER, Oxycodone IR, Colace, Senna, Prilosec, and Ibuprofen. Treatment: activity modification, medication, March 18, 2014 last RFA rhizotomy with 70 % pain reduction duration of three months or greater; noted trialed and failed with: NSAIDs, PT, ice and heat application, exercise and stretching; pain management. On October 20, 2015, a request was made for bilateral lumbar facet block injections to L4 and L5 that were modified by Utilization Review on October 23, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar facet block L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & chronic).

**MAXIMUS 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 Chapter/ Facet joint pain, signs & symptoms.

**Decision rationale:** According to the MTUS ACOEM low back chapter guidelines, invasive techniques, such as local or facet-joint injections of cortisone and Lidocaine, are of questionable merit. Per the MTUS guidelines, suggested indicators of pain related to facet joint pathology consists of tenderness to palpation in the paravertebral areas (over the facet region), predominate axial low back pain and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. In this case, the medical records note that the injured worker is status post prior facet rhizotomies at multiple levels. The injured worker currently has facet mediated pain that has not responded to conservative care. The medical records note that during a peer to peer telephone conversation, it was noted that the injured worker's pain is primarily on the left side and modification was made to allow for the requested injections on the left. The request for bilateral facet blocks is not supported. The request for Bilateral lumbar facet block L4-L5 is not medically necessary and appropriate.