

<b>Case Number:</b>	CM15-0222130		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	05/18/2000
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 63 year old male, who sustained an industrial injury on 5-18-00. The injured worker was diagnosed as having cervical spinal stenosis; cervical disc degeneration; chronic pain; ulnar nerve lesion; cervical disc displacement; brachial neuritis; thoracic spondylosis; myalgia and myositis; lumbosacral neuritis; thoracic disc displacement; lumbar disc displacement; lumbago; cervical spondylosis; lumbar facet arthropathy; lumbar radiculopathy sensory-motor left lower extremity. Treatment to date has included status post left L4-5 microdiscectomy (6-15-12); status post left partial laminectomy revision L4, L5, micro decompression L4-5 (12-31-12); physical therapy; medications. Diagnostics studies included MRI lumbar spine (7-15-14). Currently, the PR-2 notes dated 9-24-15 indicated the injured worker presents on this date for a re-evaluation and pharmacological assessment and management. The injured worker reports continued significant low back pain worse on the left. He tends to lean away from the left side and cannot lean backward or tilt to the left as noted by the provider. He reports lower extremities continued numbness and weakness down to the left foot. He reports conservative measures have not helped. On physical examination, the provider documents "In the low back, there is a well-healed lower lumbar midline surgical scar." The injured worker has a surgical history notes as status post left L4-5 microdiscectomy (6-15-12); status post left partial laminectomy revision L4, L5, micro decompression L4-5 (12-31-12). The provider notes "there is tenderness involving the right lumbosacral junction over the facet joints. There is no tenderness over the sacroiliac joints. Posterior extension and lateral tilt is quite painful. The patient has minimal range of motion with positive extension and left lateral tilt or rotation. In the lower extremities, deep tendon reflexes are 2+ out of 2 in both knees, but decreased in the left ankle. There is decreased sensory in the left L5 distribution. Motor exam is positive for weakness in the left ankle dorsiflexion." The provider's treatment plan includes a request for "diagnostic left lower lumbar facet injections". He has also discussed chiropractic

therapy and a trial spinal cord stimulator for the left lower extremity radiculitis and sensory-motor radiculopathy. A MRI of the lumbar spine was completed on 7-15-14 with an impression of postsurgical changes at L4-5 with a left-sided laminectomy. There is also evidence of multilevel spinal stenosis. The report was submitted in the medical records. A PR-2 note dated 9- 1-15 is documented by the provider noting "chronic low back pain and lower extremity radicular pain. patient reports medications reduce pain levels from 7 out of 10 to 4-5 out of 10 consistent with VAS. He is authorized for a spinal cord stimulator (SCS) trial. The injured worker now states he will decline the SCS trial." The documentation submitted for review does not include prior epidural steroid lumbar blocks or blocks that confirm pain generator. A Request for Authorization is dated 11-5-15. A Utilization Review letter is dated 10-27-15 and non- certification for Left lower facet injections L4-5 and L5-S1. A request for authorization has been received for Left lower facet injections L4-5 and L5-S1.

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

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

#### **Left lower facet injections L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section.

**Decision rationale:** The current request is for left lower facet injections L4-5 and L5-S1. The RFA is dated 09/24/15. Treatment to date has included left L4-5 microdiscectomy (6-15-12), partial laminectomy revision L4, L5, micro decompression L4-5 (12-31-12), chiropractic treatments, physical therapy, and medications. The patient is not working. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." There should be no evidence of radicular pain, spinal stenosis, or previous fusion, and 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 medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Per report 09/24/15, the patient presents with significant lower back pain, worse on the left. He continues to have numbness and weakness down the left foot. Examination revealed antalgic gait, tenderness in the lumbosacral junction over the facets, decrease range of motion, decreased sensory in the left L5 distribution, and weakness in the left ankle dorsiflexion. The treater states "for the left lower lumbar facet pain, I request authorization for Left L4-5 and L5-S1 facet diagnostic injections." ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness and non-radicular symptoms. In this case, the EMG/NCV studies revealed left chronic L5 and S1 lumbar radiculopathy, and the patient presents with radicular pain with neurological deficits. Given such findings, the request for facet diagnostic injections are not supported. The request is not medically necessary.