

<b>Case Number:</b>	CM15-0030116		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/18/2005
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 58-year-old male, who sustained an industrial injury on 5/18/2005. The diagnoses have included facet arthropathy and lumbar disc disease. Treatment to date has included conservative measures, including medications, physical therapy, acupuncture, chiropractic, and lumbar epidural steroid injection. Currently, the injured worker complains of low back pain, with radiation to both lower extremities, rated 7/10 with medication use. He also reported persistent right knee pain. Medication use included Naproxen, Prednisone, and Tramadol. Inspection of the right knee noted tenderness in the joint line, positive grind test, positive McMurray test, and crepitus with range of motion. Palpable paravertebral muscle tenderness with spasm was noted in the lumbar spine. Seated nerve root test was positive and range of motion was guarded and restricted. Dermatomal pattern, L4 and L5 was noted. The progress report, dated 5/15/2014 referenced flexion and extension dynamic radiographs of the lumbar spine as showing L4-5 instability, with spondylosis and collapse. Magnetic resonance imaging of the lumbar spine, 9/30/2014, was referenced as showing multi-level facet arthropathy and posterior bulging discs at L4-5 and L5-S1, moderate central spinal stenosis, and mild bilateral neural foraminal narrowing. Electromyographic findings, 10/07/2014, suggested lumbar radiculopathy L4-5. Facet joint injections were requested as a diagnostic trial to determine the origin of pain. On 1/29/2015, Utilization Review non-certified a request for facet joint injection, right L4-S1, noting the lack of compliance with ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-S1 Facet Joint Injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms.

**Decision rationale:** Per the 01/06/15 report the patient presents with constant lower back pain radiating down the bilateral lower extremities. The pain radiates to the right and has recently worsened. The patient's diagnoses include: Lumbar facet arthropathy. The current request is for RIGHT L4-S1 FACET JOINT INJECTIONS per the 01/07/15 RFA. The patient is working full time without restrictions. ODG, Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular, "although pain may radiate below the knee," normal sensory exam, tenderness to palpation in the paravertebral areas (over the facet region); and Normal straight leg raising exam. The treater states this request is to determine the origin of the patient's pain and follow up will determine the need for RFA. The most recent report provided does not provide sensory examination findings. The next most recent report dated 12/11/14 states examination of the lumbar spine shows tingling and numbness in the anterolateral thigh, anterior knee, medial and anterolateral leg as well as foot all of which is in an L4 and L5 dermatomal pattern. The treater cites MRI lumbar findings from 09/30/14 that include central spinal stenosis and mild bilateral neural foraminal narrowing at L4-5 and mild narrowing of the lateral recesses and neural foramina at L5-S1. In this case, there is clinical evidence of radiculopathy including abnormal sensory examination, no recent negative straight leg raise test, and an MRI imaging study. Per guidelines, the request is indicated for non radicular low back pain. The request IS NOT medically necessary.