

<b>Case Number:</b>	CM15-0033769		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	10/16/2001
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 68 year old male who sustained an industrial injury on 10/16/2001. Diagnoses include acute or chronic lumbar pain associated with multilevel lumbar disk degeneration, facet spondylosis, and spinal stenosis, chronic cervical pain secondary to multilevel cervical disk degeneration, facet spondylosis, spinal stenosis, and right shoulder chronic pain from osteoarthritis and recurrent tendonitis pain status post right shoulder Mumford with evidence of biceps tear. Treatment to date has included medications, physical therapy, injections, home exercise program, and chiropractic sessions. A physician progress note dated 01/20/2015 documents the injured worker continues to suffer from mechanical low back pain worse with extension and rotation consistent with facet arthropathy. His back pain is not responding to rest, medications, or home exercise program. He may very well have reinnervation facet pain as his last FRA procedure was over 5 years ago and was helpful but has probably worn off. Treatment requested is for bilateral facet nerve diagnostic nerve block at L3-L4, L4-L5 and L5-S1 (Three levels). On 02/11/2015 Utilization Review non-certified the request for bilateral facet nerve diagnostic nerve block at L3-L4, L4-L5 and L5-S1 (Three levels), and cited was Official Disability Guidelines., and ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral facet nerve diagnostic nerve block at L3-L4, L4-L5 and L5-S1 (Three levels):**  
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), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, facet joint 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. When recommended, no more than 2 joint levels at a time are recommended. The request is for multiple levels. Therefore criteria have not been met and the request is not certified.