

<b>Case Number:</b>	CM15-0035186		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	05/21/2008
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Pain Management

### 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 54 year old male with an industrial injury dated 05/21/2008. He presents on 01/05/2015 with complaints of pain in right lower back. The injured worker states the pain is made worse by sitting and better by sleep, medication and walking. With medications, the injured worker states the least pain is 1/10 and the worst pain was rated at 3/10. Physical exam showed axial low back pain with rotation and hyperextension of torso. Tenderness was noted over the lumbar facets. A progress report dated January 5, 2015 recommends right L3-S1 facet injection. Prior treatments include medications, caudal epidural steroid injection, H wave unit and physical therapy. Prior surgery includes lumbar 5-sacral 1 fusion, anterior/posterior and nerve transposition of left elbow. Diagnoses include: Lumbar post laminectomy syndrome; Lumbar radiculopathy; Degenerative disc disease of lumbar spine. On 02/10/2015 the request for bilateral lumbar 2-4 facet blocks were non-certified by utilization review, noting prior medial branch blocks. MTUS, ACOEM and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral L2-4 Facet Blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intra-articular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, there is a lack of clarity regarding where the injections are to be placed. The current request is for bilateral L2-4 facet injections. A recent progress report identifies a request for right L3-S1 facet injection. Physical examination findings do not assist in differentiating the area where the facet injections are supposed to be performed. Additionally, notes indicate that the patient may have undergone medial branch blocks previously. Facet injections would not be recommended if that is the case. Due to the lack of clarity regarding the above issues, the currently requested facet injections are not medically necessary.