

<b>Case Number:</b>	CM15-0047929		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	10/12/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 50-year-old female, who sustained an industrial injury on October 12, 2007. She reported low back and lower extremity pain with numbness and tingling. The injured worker was diagnosed as having lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, postlaminectomy syndrome lumbar region, intervertebral lumbar disc disorder with myelopathy lumbar region, and lumbar disc disease. She was status post lumbar fusion of lumbar 5-sacral 1 in 2011. On August 1, 2014, she underwent a lumbar spine hardware removal. Treatment to date has included physical therapy, chiropractic care, home exercise program, moist heat, stretches, and medications including topical pain and oral pain, anti-epilepsy, and antidepressant. On December 24, 2014, she underwent a caudal epidural steroid injection, which provided mild, temporary pain relief and functional improvement. On February 23, 2015, the injured worker complains of increased left sided low back and buttocks pain, with no change in distribution, since tapering her use of medications due to denials from Workman's Comp Insurance. Her lower back pain is worse than the lower extremity pain. The physical exam revealed a normal inspection, low back pain tenderness with a well healed incision without signs and symptoms of infection, hypersensitivity to touch of the thighs and ankles, left sciatic notch tenderness, tenderness to palpation over the left lumbar 5-sacral 1 facet, and she points to the left lumbar 5-sacral 1 as her pain location. There was decreased lumbar range of motion with pain, positive bilateral straight leg raise, abnormal toe and heel walking, an antalgic gait, bilateral lumbar spasms, decreased strength of the bilateral lower extremities, decreased sensation of the left lumbar 3, lumbar 4, and lumbar 5 and decreased sensation of the right lumbar 4, lumbar 5, and

sacral 1. The deep tendon reflexes were decreased in the bilateral ankles. There was no clonus. The treatment plan includes a request for a CT of the lumbar spine without contrast and a diagnostic left lumbar 5-sacral 1 facet block injection

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

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

**Diagnostic left L5-S1 facet block injection:** 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, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, facet joint injections.

**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. In addition, the patient's previous surgery in the lumbar spine is listed as exclusionary. Therefore, criteria have not been met and the request is not certified.