

<b>Case Number:</b>	CM15-0047988		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/01/2015
<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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 60-year-old male who sustained an industrial injury on 8/9/13. The mechanism of injury was not documented. Conservative treatment included physical therapy, medications, home exercise, and sacroiliac joint injections. The 11/11/14 lumbar spine MRI impression documented minimal circumferential disc bulge at L5/S1 without significant stenosis. At L3/4, there was mild left neuroforaminal narrowing mainly from underlying spurring changes. There was early facet disease at L4/5. The 2/20/15 treating physician report documented that the injured worker underwent bilateral sacroiliac (SI) joint injections on 2/11/15. He reported feeling about 50% improved, and was no longer having symptoms going down his leg. He had continued low back pain radiating to the tailbone and up the lumbar spine. Pain was worse with extension and walking a lot. He had weakness and right foot dragging prior to the injection. Physical exam documented positive bilateral figure of four (sacroiliac compression) test, L5 and S1 tenderness, lumbar paraspinal muscle tenderness, normal sensation, and normal deep tendon reflexes. There was tenderness over the lower lumbar facets, left greater than right. Low back pain was worse with extension with or without lateral deviation. Overall strength was 4-5/5. He was using a cane for back pain. Imaging showed mild multilevel disc degeneration/changes. There was some left sided bulging at L4/5 with minimal foraminal narrowing, and some disc bulging at L5/S1 with no significant narrowing, or impingement or nerve root abutment. The diagnosis was lumbar pain, lumbar spine degenerative disc disease, and sacroiliac syndrome/dysfunction. The treatment plan documented a discussion of physical therapy versus possible facet blocks. It was felt the injured worker may have facet mediated pain. Diagnostic facet blocks were

recommended. The 3/1/15 utilization review non-certified the request for L4 medial branch blocks and L5 dorsal primary ramus blocks with IV sedation under fluoroscopy as there was insufficient exam evidence of positive facet compression testing, and insufficient documentation of facet arthropathy on imaging study. The 3/8/15 injured worker appeal letter stated that he felt relieved of the shooting pains down his legs, the heavy blanket feeling, and the numbness in his legs after the shots. He reported that leg pain had reduced about 50%. He also reported that he continued to use a cane due to on-going right leg strength problem, and foot drop when walking. He considered this a significant issue because it caused him to fall. Back pain was now better after the shots, and was still 7-8/10. He was interested in another round of shots.

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

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

#### **Injection L4 medial branch blocks and L5 dorsal primary ramus blocks with IV sedation under fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

**Decision rationale:** The California MTUS guidelines do not recommend facet joint injections. The Official Disability Guidelines recommend facet joint diagnostic blocks prior to facet neurotomy to confirm facet mediated pain. Guidelines state that the clinical presentation should be consistent with facet joint pain, signs and symptoms. Medial branch blocks are limited to patient with low back pain that is non-radicular and at no more than 2 levels bilaterally. Additional criteria include documentation of failure of conservative treatment prior the procedure for 4 to 6 weeks. Guideline criteria have not been met. This patient presents with a history of low back and radicular leg pain. Leg pain reduced about 50% with recent sacroiliac joint injection. Axial back pain persisted. The injured worker reported on-going right leg weakness and foot drop requiring a cane for ambulation. There is no imaging evidence of significant facet joint arthropathy. Given the radicular low back pain documented in the records, facet medial branch blocks would not be supported. Therefore, this request is not medically necessary.