

<b>Case Number:</b>	CM15-0083893		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	03/13/1991
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 71 year old male, who sustained an industrial injury on 03/13/1991. The initial complaints or symptoms included low back pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, and radiofrequency denervation of the bilateral L5-S1 facets (03/11/2015). Currently (04/13/2015), the injured worker complains of worsening low back pain. The injured worker underwent a radiofrequency denervation of the bilateral L5-S1 facets on 03/11/2015; however, the injured worker states that his pain is worse than it was before the procedure. The bilateral facet blocks performed on 04/18/2014 were noted to have provided 70% improvement and lasted about nine months. The diagnoses include lumbar spondylosis and degeneration of the lumbar disc. The request for authorization included bilateral lumbosacral facet block at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbosacral facet blocks L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that therapeutic facet joint medial branch blocks are not recommended except as a diagnostic tool. Within the documentation available for review, the patient has undergone prior facet injections as well as radiofrequency ablation. It appears that the requested facet injections are requested as therapeutic facet injections, which is not recommended by the guidelines, and there is no clear rationale presented for reverting to diagnostic blocks (which would only be supported as medial branch blocks rather than facet joint blocks) after previous use of blocks and radiofrequency ablation. Given the absence of clarity regarding the above issues, the currently requested facet blocks are not medically necessary.