

<b>Case Number:</b>	CM15-0087333		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Arizona, California

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 61-year-old female injured worker suffered an industrial injury on 10/16/2012. The diagnoses included lumbar facet arthropathy, focal lumbar moderate to severe spinal stenosis, focal lumbar disc protrusion, and bilateral trapezial trigger points. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications, physical therapy. On 4/2/2015, the treating provider reported persistent pain in the low back radiating into both legs and numbness into the right foot, worse with activity. She reports she has limited range of motion to the back. The cervical spine had bilateral trigger points with limited range of motion. The treatment plan included Facet block injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet block injection: L4-5 (bilateral): 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), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG- Low back chapter and pg 36.

**Decision rationale:** According to the guidelines, Criteria for the use of diagnostic blocks for facet 'mediated' pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a 'sedative' during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant had an epidural injection request which would be indicated for those with radicular symptoms. The claimant's physical findings and MRI were consistent with radiculopathy. As a result, the request does not meet the guidelines criteria. Furthermore the injections are considered short-term relief. The request is not medically necessary.