

<b>Case Number:</b>	CM13-0035194		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/29/2006
<b>Decision Date:</b>	06/17/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of November 29, 2006. A utilization review determination dated September 24, 2013 recommends non-certification of bilateral lumbar facet blocks at L4-5 and L5-S1. A report dated September 6, 2013 identifies subjective complaints of low back pain, which radiates bilaterally into the posterior thighs. The patient continues to have pain affecting his right leg from the knee to the foot. The patient continues to state that his lower back pain is more severe than the leg pain. The physical examination findings identify tenderness to palpation over the lumbar spine with no spasms. Strength is normal in the lower extremities and sensation is decreased in the right L5 dermatome. The diagnoses include lumbar facet arthropathy and right L5, S1 radiculopathy, and status post right lumbar laminotomy and foraminotomy. The treatment plan states that the patient's right leg symptoms have improved since surgery, but more recently have returned. The note goes on to state "the patient had great relief of his pain with the original facet blocks he had. Subsequent neurotomy did not help the patient. Because of this, later request for repeat facet blocks was denied. Although it is unusual, I continue to recommend repeat the said blocks, as this is what helped the patient most in controlling his pain. He was able to reduce his medication usage, become more active, and lose weight because of this."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR FACET BLOCKS BILATERALLY AT L4-5 AND L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, web version, Chapters: Low Back and Chronic Pain.

**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 Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, the requesting physician has identified that the patient has previously undergone lumbar facet injections. Unfortunately, guidelines do not support the use of therapeutic facet injections. ODG states the facet joint injections are not recommended except as a diagnostic tool due to minimal evidence for treatment.