

<b>Case Number:</b>	CM14-0165476		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/19/2004
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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:

The injured worker is a 56-year-old male who reported an injury on 08/19/2004. The mechanism of injury was the injured worker was getting out of his truck. Prior treatments included aquatic therapy, rest, chiropractic care, medications, and a TENS unit. The injured worker's medications included baclofen 10 mg and Ultram 50 mg. The injured worker had a nerve conduction study on 10/22/2004, which revealed the injured worker had a possible left C6-7 mild chronic nerve root impingement at bilateral L4 and right L5 nerve root impingement. It was chronic and mild to moderate. There was a right peroneal motor neuropathy through the lower leg. Documentation of 08/22/2014 revealed the injured worker had been going to aquatic therapy, and it was helping. The injured worker was having spasms in his back. Physical examination revealed the injured worker was tender over the paraspinal muscles at L4 and L5. The injured worker was noted to have facet mediated low back pain. The physician opined the injured worker did not have radicular pain syndrome at that time. Diagnoses included lumbar radiculopathy and chronic pain syndrome. The treatment plan included a facet joint injection at L4-5 and L5-S1, continue with aqua therapy, pain medications, and a TENS unit. There was a detailed Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet joint injection L4-5 AND L5-S1 X1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, 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 Low Back Chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review failed to provide documentation of a sensory examination and a normal straight leg raise examination. There was a lack of documentation of a failure of conservative treatment. Additionally, the request as submitted failed to indicate whether the request was for a therapeutic injection or a diagnostic injection. Given the above, the request for facet joint injection L4-5 and L5-S1 X1 is not medically necessary.