

<b>Case Number:</b>	CM14-0040007		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/02/2006
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Internal Medicine 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:

The injured worker (IW) is a 76 year-old man who sustained a work related injury to multiple body parts when he fell in 2006. He was pushed from behind during a basketball game, which caused him to fall and landed on his right elbow and right knee. The lumbar MRI dated August 18, 2008 was interpreted as consistent with multilevel disc bulges and degenerative changes, associated with central canal stenosis and moderate neural foraminal narrowing at multiple levels. Documented treatment to date had included left knee surgery, acupuncture, medications, injections, chiropractic treatments, and physical therapy. No previous lumbar facet injections are documented. The provider note dated February 19, 2014 documented less radicular pain following completion of a series of epidural steroid injections (ESIs). Current complaints include axial low back pain and some radicular right leg pain. On exam, low back muscle spasms were noted. Straight leg raising test was negative to 50 degrees bilaterally. Lumbar extension produced pain radiating to the lower back and sacroiliac joint area, but not into the legs. The provider recommended facet joint blocks, stating that there are 4 joint that are highly suspicious as being the culprit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet diagnostic injection with anesthesia L4-L5, L5-S1 at Foothill Presbyterian Hospital:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint diagnostic blocks (Injections) Official Disability Guidelines, Low Back Chapter, Facet joint pain, signs & symptoms

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Complaints; Facet Joint Injections

**Decision rationale:** The criteria for diagnostic facet joint injections per the Official Disability Guidelines are not met. The ODG recommends facet joint blocks be limited to patients whose pain is non-radicular nature. In this case, the physical examination shows the patient currently has radicular symptoms. There is no tenderness to palpation over the facet joints documented in the medical record. The provider states there are four joints that are highly suspicious as being the culprit for the injured worker's symptoms. The ODG, however, recommends facet joint blocks be limited to two levels. Additionally, the ODG does not support the use of anesthesia during the performance of facet joint blocks noting that IV sedation may be grounds to negate the results of the diagnostic block. There is no rationale in the medical documentation to support the use of anesthesia. Based on the clinical information in the medical records and on Official Disability Guidelines (ODG), the lumbar facet diagnostic injection with anesthesia L4 - L5 and L5 - S1 is not medically necessary.