

<b>Case Number:</b>	CM14-0210503		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	01/21/1992
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: 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 patient is a 65 year old male who sustained an industrial injury on 1/21/1992. He underwent lumbar spine fusion L4-S1 and is diagnosed with lumbar radiculitis, lumbar post laminectomy syndrome, lumbar disc bulge at L3-4 with nerve root impingement/neuroforaminal stenosis, status post lumbar epidural steroid injection with moderate relief, status post spinal cord stimulator implant. Electrodiagnostic studies performed on 3/7/14 revealed chronic right L4 radiculopathy. Examination findings on 6/19/14 consisted of restricted range of motion, positive straight leg raise bilaterally at 45 degrees, weakness of hip flexors (L3-4), spasm in lower back with flexion/extension, tender triggers, decreased sensation in right anterior and lateral thigh and difficulty heel/toe walking. The patient underwent L3-L4 lumbar epidural steroid injection on 8/12/14. The patient was seen on 9/25/14 at which time he reported 90% pain relief in low back and 75% relief in legs. Medication use decreased by 75% and functional ability has increased. The patient's work status is temporarily totally disabled. Examination revealed positive straight leg raise at 60 degrees, decreased sensation in the right anterolateral thigh, and difficulty with heel-toe walk. Utilization review was performed on 11/20/14 at which time the request for bilateral L3-L4 facet medial branch nerve injection was non-certified. The complete report with the rationale for the non-certification has not been provided for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Bilateral L3-4 Facet Medial Branch Nerve Injection under Fluoroscopy X 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** According to the ACOEM guidelines, there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. The ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. A request has been made for facet medial branch blocks bilaterally at L3-4, and per ODG's criteria for therapeutic intra-articular and medial branch blocks, there should be no evidence of radicular pain, spinal stenosis, or previous fusion. In this case, the patient has evidence of chronic right L4 radiculopathy on electrodiagnostic studies. He also has radiculopathy per physical examination findings. It is also noted that lumbar epidural steroid injection has provided significant relief and request for facet injections is not supported. In addition, a review of the examination narratives does not establish physical examination findings consistent with facet mediated pain. The request for bilateral L3-4 facet medial branch nerve injection is therefore not medically necessary.