

<b>Case Number:</b>	CM14-0087104		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/01/2004
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 72 year old female who sustained an industrial injury on 9/1/04. The diagnoses have included low back pain, herniated lumbar, lumbosacral spondylosis, facet arthropathy and major depression. Treatment to date has included medications, diagnostics, and home exercise program (HEP). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Norco, Xanax, Prilosec and Prozac. Currently, as per the physician progress note dated 5/2/14, the injured worker complains of low back pain. The objective findings revealed limited range of motion in the lumbar spine with pain, tenderness over the right sacral notch and over the L5 S1 facet joint, and lumbar tenderness. The physician requested treatment included 1 Facet Block Injection at the right L4-5, L5-S1 Levels with Fluoroscopic Guidance and Sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Facet Block Injection at the right L4-5, L5-S1 Levels with Fluoroscopic Guidance and Sedation:** 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): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Diagnostic facet block.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, one facet block L4 - L5 and L5 - S1 under fluoroscopy guidance and sedation is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with lumbar pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are low back pain; disturbances in skin sensation; herniated lumbar disc; lumbosacral spondylosis. Subjectively, according to a May 2, 2014 progress note, the worker has a history of low back pain. A recent MRI showed multilevel degenerative disc and joint disease with moderate severe facet arthropathy at the lower levels. The injured worker's pain continues. Objectively, range of motion is decreased. There is tenderness over the right sacral notch and L5-S1 facet joint. There is no neurologic evaluation in the medical record. There is no evidence the pain is non-radicular. Additionally, the ACOEM does not recommend facet injections. Consequently, absent clinical documentation supporting non-radicular lumbar pain and guideline on recommendations (ACOEM), one facet block L4 - L5 and L5 - S1 under fluoroscopy guidance and sedation is not medically necessary.