

<b>Case Number:</b>	CM15-0114808		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: North Carolina  
 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 injured worker is a 54 year old male, who sustained an industrial injury on October 28, 2010. Treatment to date has included lumbar transforaminal epidural steroid injection, physical therapy, chiropractic therapy, rest, home exercise program and medications. Currently, the injured worker complains of continued low back pain. He rates his pain a 7 to 8 on a 10-point scale. He describes the pain as sharp, stabbing, needle-like with radiation of pain to the right thigh. He reports increasing stiffness in the lumbar spine. A lumbar transforaminal epidural steroid injection received one month prior provided 25% relief in stiffness and resolution of radicular symptoms. On physical examination the injured worker has an antalgic gait and uses a cane for ambulation, He was unable to heel-toe walk bilaterally and had diffuse tenderness to palpation over the paravertebral muscles of the lumbar spine. He has moderate to severe facet tenderness to palpation over L3-L5 and diminished lumbar spine range of motion. His sensation is decreased in the L3-L5 dermatomes and he has diminished right knee reflexes. The diagnoses associated with the request include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint arthropathy. The treatment plan includes bilateral L2 through L4 medial branch block injections that innervate bilateral L3-L4 and L4-L5 facet joints, continued home exercise and continued medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L2 through L4 medial branch block injections that innervates bilateral L3-L4 and L4-L5 facet joints: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medial branchblock.

**Decision rationale:** The ACOEM states, Invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%; 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally; 3. Documentation of failure of conservative therapy; 4. No more than 2 joint levels are injected in 1 session; 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation as the patient has radicular pain and the request is not medically necessary.