

<b>Case Number:</b>	CM15-0115304		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/15/2015
<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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female, who sustained an industrial injury on 12/27/2012. She reported low back pain while moving some furniture and boxes. The injured worker was diagnosed as having lumbar spondylosis with probable right sided lumbar facet syndrome, L4-5 and L5-S1. Treatment to date has included diagnostics, physical therapy, right sided lumbar facet nerve block at L4-5 and L5-S1, and medications. Currently, the injured worker complaints were not specified. Physical exam noted ambulation without difficulty, normal spinal curvatures, spasm and guarding with palpation in the right paravertebral region, pain with facet loading, pain with tenderness over the right sided lower lumbar facet joints, and no motor or sensory deficits. Magnetic resonance imaging (5/2013) was referenced as showing degenerative changes, but no acute disc herniations. Current medication included Ibuprofen as needed. It was noted that she underwent a diagnostic right sided lumbar facet nerve block at L4-5 and L5-S1, and reported pain relief. It was documented as unclear why the physician did not recommend a permanent radiofrequency procedure. She requested repeat of the procedure. Prior injection was complicated by a fair amount of intravenous sedation, noting that she had difficulty remembering anything for a few hours after the procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right Lumbosacral L4, L5 and S1 Facet Nerve Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Therapeutic intra-articular and medial branch blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Facet Joint Diagnostic Blocks (Injections) Section.

**Decision rationale:** Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. The ODG recommends no more than one set of facet joint blocks/medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. In this case, the injured worker has already received one set of right lumbosacral L4-L5 and S1 facet joint blocks, therefore, this request exceeds the established guidelines. The request for right lumbosacral L4, L5 and S1 facet nerve block is determined to not be medically necessary.

### **Right Lumbar Facet Joint Injections under fluoroscopy guidance and IV sedation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Therapeutic intra-articular and medial branch blocks.

**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) Section.

**Decision rationale:** Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. The ODG recommends no more than one set of facet joint blocks/medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. In this case,

the injured worker has already received one set of right lumbosacral L4-L5 and S1 facet joint blocks, therefore, this request exceeds the established guidelines. As the request for right lumbosacral L4, L5 and S1 facet nerve block is determined to not be medically necessary, the request for right lumbar facet joint Injections under fluoroscopy guidance and IV sedation is also determined to not be medically necessary.