

<b>Case Number:</b>	CM15-0179698		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/07/2015
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Arizona, 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 injured worker is a 47 year old male, who sustained an industrial injury on 3-7-15. The injured worker was diagnosed as having Left sciatic; lumbar spine strain; lumbago; left lumbar spine synovial cyst L4-5, L5-S1; facet arthropathy; left lower extremity S1 radiculopathy. Treatment to date has included physical therapy; lumbar epidural steroid injection (ESI) (3-27-15; 7-9-15); medications. Diagnostics studies included MRI lumbar spine-Could not be completed on this date (4-17-15); MRI lumbar spine (6-6-15); EMG-NCV bilateral lower extremities (7-2-15). Currently, the PR-2 notes dated 7-30-15 indicated the injured worker is in the office as a checkup. He is a status post lumbar epidurals steroid injection of 3-27-15 and 7-9-15. The provider documents he was "better for some time, pain slowly returned, and radicular pain much better. He agrees to a left facet block." The location of his pain is documented as midline L4, L5, S1 with duration since 3-6-15 for 146 days (date of his industrial injury). The provider documents the severity-frequency-quality of pain (per patient estimation): Frequent 3 out of 10, 7 out of 10 aching pain, aggravating factors: extension left lateral bend. Relieving factors: LESI; associated signs-symptoms: radiation of pain L5 nerve root distribution, S1 nerve with % improved (per patient estimation): 30% better since initial visit. The provider continues his examination with left neurological lower extremities: "Lower extremity numbness L5-S1 nerve root distribution since 3-6-15 for 146 days. Cause was a fall on hill side. Aggravating factors: prolonged sitting, standing." An EMG-NCV study of the bilateral lower extremities is reported on 7-2-15 with impression revealing: "10 EMG evidence of left S1 motor radiculopathy. 20 No NCS evidence of a right or left leg peripheral neuropathy. A Request for Authorization is

dated 9-11-15. A Utilization Review letter is dated 8-24-15 and non-certification was for Left L4-5 and L5-S1 facet block injection. Utilization Review denied the requested procedure stating "The medical reports available to this reviewer have failed to establish medical necessity for facet injections. Criteria have not been met. Straight leg raising is positive bilaterally. There is demonstrated radiculopathy." A MRI of the lumbar spine dated 6-6-15 impression reveals: "1) At L3-4 there is minimal disc bulge without significant stenosis. 2) At L4-5 bilateral lateral recess stenosis, left greater than right is appreciated. There is approximately 10-11mm synovial cyst of the left facet joint at the left lateral recess. 3) At L5-S1, mild bilateral lateral recess stenosis is observed. 4) No compression fracture or bone marrow edema." There is decreased lower extremity sensation. Therefore the request for facet injections is denied." Utilization Review referenced the ODG Guidelines. The provider is requesting authorization of Left L4-5 and L5-S1 facet block injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left L4-5 facet block injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter and pg 36.

**Decision rationale:** In this case, the claimant has radicular symptoms in the lower extremities. The claimant had received ESIs for this purpose. The ODG guidelines do not recommend facet blocks for those with radiculopathy. The ACOEM guidelines do not recommend invasive procedures due to their short term benefit. As a result, the request for L4-L5 facet blocks are not medically necessary.

**Left L5-S1 facet block injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

**Decision rationale:** In this case, the claimant has radicular symptoms in the lower extremities. EMG confirmed S1 radiculopathy. The claimant had received ESIs for this purpose. The ODG guidelines do not recommend facet blocks for those with radiculopathy. The ACOEM guidelines do not recommend invasive procedures due to their short term benefit. As a result, the request for L5-S1 facet blocks are not medically necessary.

