

<b>Case Number:</b>	CM14-0147461		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 29-year-old female who reported an injury on 10/02/2012. The mechanism of injury was due to lifting a heavy box of soap injuring her low back. Injured worker has a diagnosis of spondylosis of the lumbosacral spine. Past medical treatment consists of physical therapy, facet injections, the use of a TENS unit, therapy/medication therapy. Medications included diclofenac, ibuprofen, Albuterol, Benzidine, Flonase, Singulair, Spiriva, Symbicort, Tylenol, Prilosec, ProAir and Tessalon Pearle. An MRI obtained on the lumbar spine revealed relatively benign other than hypertrophic facet changes. On 08/05/2014 the injured worker complained of low back pain. Physical examination revealed that there was normal muscle tone without atrophy in the right upper extremity, left upper extremity, right lower extremity, and left lower extremity. Examination of the lumbar spine revealed Achilles reflex was normal bilaterally, and patella reflex; symmetrical bilaterally. Lumbar extension was measured at 20 degrees, flexion 70 degrees. There was tenderness to palpation over the bilateral lower lumbar facet joints; right great than left. Sensation was intact to light touch and pinprick bilaterally to the lower extremities. Straight leg raise was negative. Spasm and guarding were noted over the lumbar spine. Motor strength revealed 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion and extensor hallucis longus. Medical treatment plan is for the injured worker to continue the use of physical therapy, massage therapy, and undergo right L2 facet nerve block. Rationale was not submitted for review. The Request for Authorization was submitted on 12/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro right L2 facet nerve blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that invasive techniques such as facet injections are of questionable merit; however, 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. More specifically, the Official Disability Guidelines state that criteria for therapeutic facet injections include that there are no evidence of radicular pain, spinal stenosis, or previous fusion, no more than 2 joint levels may be blocked at any 1 time, and there should be evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. In addition, the ODG define facet originated pain as tenderness to palpation over the facets, normal sensory examination and normal straight leg raising exam. The submitted documentation lacked indication the injured worker having trialed and failed conservative care treatment. There was also no documentation showing the plan for additional activity based treatment following the requested injection. The submitted documentation did indicate that sensation was intact and straight leg raise was negative. However, there was no documentation showing facet joint pain or increased pain with extension or loading of the facet joints to support the request for facet joint injection. Given the above, the injured worker is not within MTUS recommended guidelines. As such the request for Retro right L2 facet nerve blocks is not medically necessary.