

<b>Case Number:</b>	CM13-0032974		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/29/2003
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 physician 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of October 29, 2003. A utilization review determination dated August 6, 2013 recommends non-certification of repeat bilateral facet injections L3-4 L4-5 under fluoroscopy. The previous reviewing physician recommended non-certification of repeat bilateral facet injections L3-4 L4-5 under fluoroscopy due to lack of documentation of how long the previous injection helped. A letter dated July 23, 2013 identifies "Previous facet injections have provided [REDACTED] with 75% relief of his pain for 3-4 months. Following facet injections, [REDACTED] experiences a decreased need for pain medication and has improved tolerance to ADLs and work duties. [REDACTED] has also previously tried an RFTC procedure which unfortunately was not as helpful for his back pain." A PR-2 dated September 9, 2013 identifies Subjective complaints of no change in chronic back pain. Pain levels exacerbated by lifting heavy items at work. Facet injections remain most helpful of all treatments tried. Objective findings include lumbar facets TTP, pain elicited by extension of lumbar spine. Diagnoses include lumbar facet arthropathy, lumbar degenerative disc disease, and lumbar disc bulge. Treatment Plan identifies continue with Tramadol, continue to pursue approval for facet injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar facet injections L3-L4 and L4-L5 under fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 300,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for bilateral lumbar facet injections L3-L4 and L4-L5 under fluoroscopic guidance, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that therapeutic facet joint medial branch blocks are not recommend except as a diagnostic tool. Within the documentation available for review, the patient has undergone prior facet injections with improvement. The patient has also had prior RFTC which was not as helpful for back pain. It appears that the requested facet injections are requested as therapeutic injections, which is not recommended by Guidelines. As such, the currently requested bilateral lumbar facet injections L3-L4 and L4-L5 under fluoroscopic guidance are not medically necessary.