

<b>Case Number:</b>	CM13-0037570		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Anesthesia, has a subspecialty in Acupuncture & 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 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 patient is a 55 year old female injured worker with a date of injury of 1/3/13 with related lumbar spine pain with radicular symptoms. Per a progress report dated 4/15/14, she reported radiating pain that travelled through her bilateral lower extremities to her bilateral feet with associated paresthesia. Per physical exam, tenderness to palpation, myospasms and decreased sensation of the left L5 were noted in the lumbar spine. An MRI of the lumbar spine dated 2/15/13 revealed at L5-S1 9-10mm complex disc protrusion with central canal and foraminal stenosis greater on the right side. There was grade 1 spondylolisthesis of L4 over L5 with mild foraminal stenosis. Degenerative facet arthropathy was noted at this level. There was 2-3mm annular bulge with biforaminal stenosis at L3-L4. She has been treated with injections, physical therapy and medication management. The date of UR decision was 9/10/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL L4-5 FACET INJECTIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint intra-articular injections (therapeutic blocks).

**Decision rationale:** With regard to facet injections, the ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement...Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." The medical records provided for review indicate that the injured worker has radicular symptoms as well as MRI evidence of spinal stenosis. It was also noted that he had a response to epidural injection, indicating that he is a likely candidate for surgery. As these are disqualifying criteria, the request is not medically necessary and appropriate.