

<b>Case Number:</b>	CM13-0047883		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 male with date of injury 2/14/12. The treating physician report dated 10/11/13 indicates that the patient has pain affecting the lumbar spine. The current diagnoses are: 1.Lumbosacral injury with spondylosis 2.Lumbar disc disease multilevel 3.Lumbar radiculopathy 4.Renal cancer, status post resection of right kidney 10/2012 5.Depression/anxiety The utilization review report dated 10/21/13 denied the request for bilateral lumbar facet injection at L4/5 and L5/S1 based on the rationale that the patient previously had a positive response to facet injection and should now move forward with neurotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral Lumbar Facet injection at L4-5 and L5-S1: 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 (ODG), Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Expert Reviewer's decision rationale: The patient presents with chronic constant lumbar pain that is increased with prolonged sitting, standing and walking. The examination findings reveal lumbar spine tenderness to palpation over the midline lumbosacral spine and bilateral sciatic notch. Pain is noted with flexion and extension. Straight leg raising is negative with tightness of the hamstrings. There is notation that the bilateral facet joint injections L4-S1 performed on 9/10/13 provided 60-70% relief. The MTUS guidelines do not address facet injections and ODG guidelines are used for facet joint diagnostic blocks. The ODG guidelines for facet joint blocks state: "Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy." The patient appears to have facet joint pathology based on the examination findings of tenderness over the lumbar facets, a normal sensory exam, absence of radicular findings and normal SLR. The patient also appears to have responded well to the 9/10/13 facet joint injections and would be a candidate for neurotomy. However this request is for a second lumbar facet injection at L4-S1. ODG no longer supports confirmatory blocks and therapeutic facet injections are not supported. Recommendation is for denial.