

<b>Case Number:</b>	CM13-0049946		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Occupational 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. 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:

This is a 53 year old female who has reported low back pain after an injury on 05/20/11. Her diagnoses have included lumbar disc displacement and facet syndrome. A lumbar MRI showed degenerative changes. An EMG on 4/4/12 was reported to show right S1 radiculopathy. The treatment has included medications, physical therapy, TENS, and epidural steroid injection. The treating physician reports most relevant to the facet injections include those of 10/25/13, 10/21/13, and 5/3/13. Clinical findings are of low back pain and tenderness suggestive of facet pain. Facet injections are recommended as a diagnostic procedure, and to see if they will alleviate pain and allow more activity. Any subsequent procedures such as radiofrequency ablation may be considered after the injection response is monitored. On 10/22/13 Utilization Review non-certified the requested lumbar facet injections, noting the lack of support in guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LUMBAR FACET JOINT INJECTION AT THE BILATERAL L4-L5 UNDER FLUOROSCOPIC GUIDANCE WITH INTRAVENOUS SEDATION: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 & 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Injections.

**Decision rationale:** The ACOEM Guidelines recommend against facet joint injections for low back conditions (page 309). The California MTUS, Chronic Pain section, does not provide direction for facet blocks. The Official Disability Guidelines recommend against using facet joint injections as a diagnostic procedure. Facet joint injections are stated to be "under study" when used for therapeutic purposes. Facet injections are not recommended for patients with radicular pain. The Official Disability Guidelines state that there is "overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections". On the basis of the Official Disability Guidelines and MTUS recommendations, the facet injections proposed in this case are not medically necessary for the purposes stated, including as diagnostic injections in this injured worker who also has a diagnosis of radiculopathy.