

<b>Case Number:</b>	CM13-0053267		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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 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:

According to the records made available for review, this is a 68-year-old female with a March 4, 2011 date of injury. At the time of request for authorization, October 9, 2013, for bilateral facet injection at L4-L5 and L5-S1, there is documentation of subjective (low back pain radiating to the left leg with numbness in the right knee and shooting pain down inside the right leg) and objective (pain on palpation of the paraspinal muscles, decreased lumbar spine range of motion, decreased sensation in the lateral foot, medial foot, and plantar surface of the foot on the right side) findings, current diagnoses (facet arthropathy at L4-5 and L5-S1), and treatment to date (activity modification, medications, physical therapy, trigger point injections, and epidural steroid injections). There is no documentation of non-radicular facet mediated pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL FACET INJECTION AT L4-L5 AND L5-S1: Upheld**

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

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

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. The ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs [non-steroidal anti-inflammatory drugs]) prior to the procedure for at least four to six weeks, and no more than two joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of a diagnosis of facet arthropathy at L4-5 and L5-S1. In addition, there is documentation of failure of conservative treatment (including home exercise, physical therapy, and medications) prior to the procedure for at least four to six weeks and no more than two joint levels to be injected in one session. However, given documentation of subjective (low back pain radiating to the left leg with numbness in the right knee and shooting pain down inside the right leg) and objective (decreased sensation in the lateral foot, medial foot, and plantar surface of the foot on the right side) findings, there is no documentation of non-radicular facet mediated pain. The request for bilateral facet injections at L4-L5 and L5-Sq are not medically necessary or appropriate.