

<b>Case Number:</b>	CM13-0053385		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/15/1979
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/21/2013
<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 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 & Rehabilitation, has a subspecialty in Pain Management 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 male patient with the date of injury of October 15, 1979. A utilization review determination dated October 21, 2013 recommends non-certification of bilateral L5-S1 lumbar facet injection. The previous reviewing physician recommended non-certification of bilateral L5-S1 lumbar facet injection due to lack of documentation of failure of recent conservative treatment (including home exercise and PT prior to the procedure for at least 4-6 weeks and mention of future plans for facet neurotomy. A Supplemental Orthopaedic Report dated November 1, 2013 identifies aching pain in the left side of the low back with intermittent stabbing or jolting type pain. Lower extremity symptoms include a minimal right anterior thigh numbness which he notes on occasion. He has no radiating-type pain. He has been dedicated to his regular home exercise program. Physical examination identifies no new objective findings. Impression includes post laminectomy syndrome lumbar spine, status post L2-3 fusion and instrumentation, query additional L5-S1 pathology contributing to his ongoing symptoms. Treatment recommendations include diagnostic injection at the L5-S1 level to evaluate the contribution of adjacent level findings below his remote L3-L5 fusion to his current symptom complex. Continue daily home exercise program. Renewal of his PT and continuation of this for a further 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**bilateral L5-S1 lumbar facet injection:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. ODG Criteria for the use of diagnostic blocks for facet "mediated" pain: 1. One set of diagnostic medial branch blocks is required with a response of  $\geq 70\%$ . The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). Within the medical information made available for review, there is documentation of low back pain that is non-radicular, and no more than 2 facet joint levels will be injected in one session. While there is documentation of conservative treatment with a home exercise program and PT, there is also a request for ongoing treatment. There is no documentation that conservative treatment has failed for at least 4-6 weeks prior to the procedure. In the absence of such documentation, the currently requested Bilateral L5-S1 Lumbar Facet Injection is not medically necessary.