

<b>Case Number:</b>	CM13-0056357		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49 year old female who was injured on 1/18/13. She was diagnosed with rotator cuff tear, biceps and shoulder tendonitis, pain in hand joint, and facet arthropathy in lumbar area (based on MRI). She was treated with nabumetone/relafen, topical analgesics, and physical therapy (shoulder). She was seen by her pain specialist on 10/25/13 complaining of low back pain worsening which limited her ability to walk her dog and clean her house. Physical examination revealed positive lumbar facet loading partially relieved by slight lumbar spine flexion. It was requested that she have a lumbar facet joint diagnostic injection(s). This was requested previously as well based on her complaint of back pain at an earlier date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL DIAGNOSTIC LUMBAR FACET JOINT INJECTION AT L4-L5 AND S1 WITH FLUOROSCOPIC GUIDANCE AND IV SEDATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, facet joint injections/pain.

**Decision rationale:** The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, absence of radicular findings (although pain may radiate below the knee), and normal straight leg raising exam are all requirements of the diagnosis. If evidence of hypertrophy encroaching on the neural foramen is present then only two out of the four requirements above may allow for an accurate diagnosis of facet joint pain. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, and 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection. Although there seems to be enough evidence that the worker in this case has lumbar facet joint pain/arthritis, there is no evidence that the worker had exhausted conservative treatments including physical therapy, in order to justify a diagnostic facet joint injection. Therefore, the facet joint injections are not medically necessary.