

<b>Case Number:</b>	CM13-0061937		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/13/2001
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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:

The patient is a 50-year-old female who reported an injury on 10/13/2001 after she lifted a heavy object with a twisting motion that reportedly caused injury to the bilateral lower extremities and low back. The patient was treated with physical therapy and other multiple conservative treatments. Ultimately, the patient underwent multilevel fusion at the L4-5 and L5-S1. The patient underwent bilateral L2-3 and L3-4 facet injections that resulted in 50% to 60% improvement from the injection for approximately 2 days. The patient was evaluated on 03/21/2013. It was documented that at that time the patient had had significant benefit from the prior facet injections at the L2-3 and L3-4 levels and would like additional facet injections to assist in pain relief. The patient underwent an additional set of facet injections at the L2-3 and L3-4 levels in 05/2013. The patient was evaluated in 06/2013. It was documented that the patient had 50% to 60% pain relief from the facet injections in May that lasted for approximately 2 to 3 weeks. The patient underwent additional right and left L2-3 and L3-4 facet injections in 06/2013. The patient was evaluated in 08/2013 at which time it was noted that the patient had undergone a facet rhizotomy at the L2-3 and L3-4 levels. The patient's most recent clinical examination findings documented that the patient had relief from an L2-3, L3-4 rhizotomy on 06/28/2013. However, symptoms were returning. Physical findings included tenderness to palpation over the lumbosacral spine and facet joint line at the L4-5 and L5-S1 bilaterally, a positive straight leg raising for L3-4, radiculopathy. The patient's diagnoses included chronic pain syndrome, failed back syndrome with lumbar radiculopathy, lumbago, thoracic or lumbar neuritis or radiculitis, and insomnia. The patient's treatment plan included diagnostic and therapeutic facet injections at the L2-3 and L3-4 and continued medication usage.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L2-3, L3-4 lumbar facet injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Injection Section

**Decision rationale:** The requested bilateral L2-3, L3-4 lumbar facet injections are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend facet injections for therapeutic purposes. Additionally, the clinical documentation does provide an operative report that describes bilateral facet injections at the L2-3 and L3-4 levels. However, the documentation following that procedure persistently indicates that the patient underwent a facet rhizotomy. Therefore, the procedure that the patient underwent on 06/28/2013 cannot clearly be determined. Official Disability Guidelines recommend repeat rhizotomies be based on documentation of improvement in pain levels, a decrease in medication, and functional improvement for at least 6 months. The clinical documentation submitted for review does not provide duration of pain relief greater than 6 months from a previous facet rhizotomy. Therefore, additional rhizotomies would not be supported. The clinical documentation does not support either an additional rhizotomy or a therapeutic facet injection. This request is not supported. As such, the requested bilateral L2-3, L3-4 facet injections are not medically necessary or appropriate.