

<b>Case Number:</b>	CM14-0008436		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/17/1999
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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:

The patient is a 43-year-old female who has submitted a claim for lumbago associated with an industrial injury date of November 17, 1999. The patient complains of severe low back pain radiating to the neck and right lower extremity. Physical examination of the lumbar spine showed hypolordosis and muscle spasm; right-sided erector spinalis trigger points; tenderness; limitation of motion; positive seated SLR on the right; general muscle weakness secondary to pain on the right side of the low back; and difficulty with toe walk maneuvers. Decreased motor strength to the right-sided C6-C7 dermatomes were also noted. CT scan of the cervical and lumbar spines were done on November 12, 2013. The cervical CT scan revealed straightening of the cervical spine curvature and minimal degenerative changes of the C4-C5 and C5-C6 discs. The lumbar CT scan showed mild lumbar spondylosis L2-3 through L5-S1 disc; a 4mm posterior disc protrusion contained within the central epidural fat at L5-S1; and 2.5mm posterior disc protrusion at L4-5. The diagnoses were cervical neuritis/radiculitis and lumbar neuritis/radiculitis. The patient had received 3 epidural steroid injections for the low back in 2002 with positive response that lasted for 11 years. The present treatment plan requests for 2 sets of epidural steroid facet injections of the lumbar spine at L4-S1. Treatment to date has included oral and topical analgesics, lumbar ESIs, chiropractic care and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EPIDURAL STEROID FACET INJECTION, LUMBAR SPINE L4-S1 QUANTITY 2 SETS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint injections, multiple series; Facet joint intra-articular injections (therapeutic blocks)

**Decision rationale:** The MTUS Guidelines does not specifically address facet joint injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that facet joint intraarticular injections are under study and that no more than one block is recommended. Criteria for use of therapeutic intraarticular blocks include no evidence of radicular pain, spinal stenosis, or previous fusion. Pain relief of at least 50% for a duration of at least 6 weeks is considered successful. The recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). In this case, there is evidence of radicular based on the subjective complainys and objective findings. Furthermore, the patient had received 3 epidural steroid injections for the low back in 2002 with positive response that lasted for 11 years. The MTUS guidelines does not recommend facet joint injections for patients with radicular pain. Repeat injections and multiple blocks even for prior successful injections are not supported as well. Therefore, the request for epidural steroid facet injections, lumbar spine L4-S1, quantity 2 sets is not medically necessary and appropriate.