

<b>Case Number:</b>	CM14-0106938		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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 injured worker is a 39 year old female with a date of injury of 3/26/13 with related lower back pain. Per a progress report dated 6/6/14, she reported low back pain with radiation of pain into the left lower extremity. Per physical exam, there was a spasm about the left lower lumbar region. Lasegue's test was positive on the left. There was point tenderness upon palpation about the left lower lumbar area. Decreased sensation was noted at the dorsal aspect of the left foot. MRI of the lumbar spine dated 4/16/14 revealed a prominent disc herniation and disc desiccation at L5-S1. There was a possibility of an annular tear at L5-S1 as a very faint hyperintense zone was seen at that level. She was refractory to physical therapy. She has been treated with chiropractic manipulation, and medication management. The date of the UR decision was 6/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Facet Injection L5-S1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Facet Joint Diagnostic Blocks).

**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 intra-articular injections (therapeutic blocks).

**Decision rationale:** The MTUS is silent on the specifics lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement."Criteria for use of therapeutic intra-articular and medial branch blocks are as follows:1. No more than one therapeutic intra-articular block is recommended.2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).4. No more than 2 joint levels may be blocked at any one time.5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.As the request is for more than 2 joint levels, and MRI indicates spinal stenosis, medical necessity cannot be affirmed. Per a progress report dated 5/6/14 it was noted that although the injured worker does have a significant disc herniation, she does not have any significant radicular symptomatology. Her symptoms are primarily provoked with lumbar movement, especially lumbar extension. No focal sensory deficits, motor weakness or reflex changes are seen or appreciated. There are no neural tension signs. I respectfully disagree with the UR physician's assertion that the injured worker had radicular pain which would be disqualifying criteria. The request is medically necessary.