

<b>Case Number:</b>	CM14-0109420		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 61-year-old male with an 11/3/08 date of injury and status post L4-L5 fusion on 1/7/13. At the time (6/12/14) of the request for authorization for facet injection bilateral lumbar 4-5 and lumbar 5 - sacral 1, there is documentation of subjective (severe back pain and leg pain) and objective (none specified) findings, current diagnoses (post laminectomy syndrome lumbar, long term use of medications, lumbar disc displacement without myelopathy, and therapeutic drug monitor), and treatment to date (medication and therapy). There is no documentation of low-back pain that is non-radicular and no previous fusion procedure at the planned injection level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Facet Injection Bilateral Lumbar 4-5 and Lumbar 5 - Sacral 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Treatment in Workman's Compensation (TWC): Low Back Procedure Summary.

**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, Medial Branch Blocks (MBBs).

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. In addition, ODG identifies documentation of no previous fusion procedure at the planned injection level. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome lumbar, long term use of medications, lumbar disc displacement without myelopathy, and therapeutic drug monitor. In addition, there is documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks and no more than 2 joint levels to be injected in one session. However, given documentation of leg pain, there is no documentation of low-back pain that is non-radicular. In addition, given documentation of L4-L5 fusion on 1/7/13, there is no documentation of no previous fusion procedure at the planned injection level. Therefore, based on guidelines and a review of the evidence, the request for facet injection bilateral lumbar 4-5 and lumbar 5 - sacral 1 is not medically necessary.