

<b>Case Number:</b>	CM14-0012662		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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:

Patient is a 32-year-old male who has submitted a claim for thoracic / lumbar neuritis, and displacement of lumbar intervertebral disc associated with an industrial injury date of 04/30/2008. Medical records from 2013 were reviewed. Patient complained of persistent low back pain radiating to the left lower extremity, associated with weakness and stiffness. Aggravating factors included sitting and standing. Patient reported long-term benefits from previous facet injection and epidural steroid injection. Physical examination of the lumbar spine showed hypolordosis, muscle spasm, trigger points, and tenderness. Seated SLR (Straight Leg Raise) was positive on the right. There was generalized weakness graded 4/5. MRI of the lumbar spine, dated 04/02/2010, showed 5 mm disk bulge at L4-L5, and 1 mm disc herniation at L5-S1 level. EMG/NCV from 09/16/2011 showed left L5 radiculopathy. Treatment to date has included lumbar facet arthropathy on 08/02/2011, physical therapy, and medications. Utilization review on 12/24/2013 denied the request for 2 sets of bilateral lumbar facet injection at L4-S1 because doing facet injections and epidural steroid injections simultaneously is not supported by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 SETS OF BILATERAL LUMBAR FACET INJECTION AT L4-S1: Upheld**

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

**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 Section, Facet Joint Pain Signs and Symptoms; and Facet Joint Injections (Therapeutic Blocks).

**Decision rationale:** The CA MTUS does not specifically address this topic. 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 indicators of a facet joint pathology include tenderness, normal sensory exam, absence of radicular findings, and normal (SLR) straight leg raising exam. Moreover, facet injection is under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic 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 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. Moreover, it is not recommended to perform epidural blocks on the same day of treatment as facet blocks as this may lead to unnecessary treatment. In this case, patient complained of persistent low back pain radiating to the left lower extremity, associated with weakness and stiffness. Physical examination of the lumbar spine showed hypolordosis, muscle spasm, trigger points, and tenderness. Seated SLR was positive on the right. There was generalized weakness graded 4/5. However, guidelines clearly indicate that a positive SLR is an exclusion criteria for facet joint pathology. Patient underwent lumbar facet joint injection on 08/02/2011 and reported that it provided long-term benefits. However, there was no documentation concerning percentage and duration of pain relief. Guidelines require evidence of functional benefit prior to certification of a repeat facet injection. Moreover, there was no evidence that patient is actively participating in an exercise program, a necessary adjunct to facet injection. Lastly, there was a treatment plan concerning lumbar epidural steroid injection. It is not clearly stated if ESI (Epidural Steroid Injection) and facet blocks will be performed on the same day, which is strongly opposed by the guidelines. The request for 2 sets of injections is likewise inappropriate since initial response to therapy should be documented first. Based on the aforementioned reasons, the request for 2 Sets Of Bilateral Lumbar Facet Injection At L4-S1 are not medically necessary.