

<b>Case Number:</b>	CM14-0124654		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 and Rehabilitation 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 45-year old female who reported a work related injury on the date of 01/18/2012 due to an attack from a student. The injured worker's diagnoses consist of lumbosacral radiculitis, and degenerative lumbar facet joint hypertrophy at L4-5 and L5-S1. Past treatments have consisted of radiofrequency neurotomy procedure, intraarticular facet joint injections with corticosteroids at L4-5, Botox injections, and acupuncture. The most recent physical examination on 07/29/2014 revealed subjective complaints that consisted of worsening symptoms of her low back pain, which she rated at 6 to 8 out of 10 on a VAS pain scale. She also stated that she had pain, radiation, and cramping sensation to the lower left extremities. Objective findings revealed painful and limited range of motion in all directions of the lumbar spine especially on the left side. Palpation to the lumbar paraspinal region over the facet joint line in the mid and lower lumbar segments revealed tenderness. The injured worker's prescribed medications include Norco, Skelaxin, and topical lidocaine patches. The treatment plan included injections at the lumbar facet with corticosteroid at the left L4-5, L5-S1, with the rationale of improving the injured workers pain level from an 8 out of 10 to 4-5 out of 10. The request for authorization form was submitted for review on 08/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection lumbar facet with corticosteroid at left L4-L5, L5-S1: 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, Low Back Chapter (updated 07/03/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Pain, Facet joint pain, signs & symptoms.

**Decision rationale:** The request for Injection lumbar facet with corticosteroid at left L4-L5, L5-S1 is not medically necessary. According to the California MTUS/ACOEM, invasive techniques such as facet joint injections of cortisone and lidocaine are of questionable merit. More specifically, the Official Disability Guidelines state that facet joint dysfunction is identified by tenderness to palpation in the facet region, normal sensory finding, and absence of radicular symptoms, and normal straight leg raise exam. Although, within the documentation there was a finding of tenderness over the lumbar paraspinal region over the facet joint line, there was no mention of a straight leg exam finding, and the injured worker also has a diagnosis of radiculitis. Based upon the information provided the pathology does not meet the recommended requirements to facilitate the need for Injection lumbar facet with corticosteroid at left L4-L5, L5-S1. The documentation would have to provide a physical examination that coincided with the criteria needed for facet joint intra-articular injections. Therefore, documentation is needed regarding these inconsistent results. Additionally, the guidelines recommend no more than one therapeutic intra-articular block and the injured worker has already received a radiofrequency neurotomy procedure, intraarticular facet joint injections with corticosteroids at L4-5. An additional facet injection would not support the recommendations outlined within the guidelines. All together with the guidelines mentioned above, the request for Injection lumbar facet with corticosteroid at left L4-L5, L5-S1 is not medically necessary.