

<b>Case Number:</b>	CM14-0125615		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	04/27/2001
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 58-year-old female who sustained an injury to her low back on 04/27/01 due to cumulative trauma while performing her usual and customary duties as a bus driver. Magnetic resonance imaging (MRI) of the lumbar spine dated 02/20/14 revealed a left paracentral disc protrusion at L1 to L2 and postsurgical changes with granulation tissue surround the left S1 nerve root and moderately severe central canal stenosis at L4 to L5. The injured worker was status post lumbar laminectomy in 2002 including laminotomy at L4 to L5 and laminectomy at L5 to S1 in 2007. Clinical note dated 07/21/14 reported that the injured worker continued to complain of persistent low back pain. She stated she felt she was having some gradual worsening of low back pain radiating down her left lower extremity with associated numbness and tingling and was unable to walk long distances. The injured worker expressed not wanting lumbar epidural steroid injections secondary to cortisone, which may cause weight gain. Physical examination noted antalgic gait; slight limp; tenderness to palpation at the lumbosacral junction, especially over L4 to L5 and L5 to S1 facet bilateral facet joints; range of motion full with flexion, but decreased twenty percent with extension, full rotation bilaterally; pain elicited with axial loading of lumbar facet joints; straight leg raise negative bilaterally; deep tendon reflexes 2+ and equal at patella/Achilles; sensation decreased to light touch along left lower extremity compared to right. The injured worker was recommended for bilateral lumbar facet joint injections at L4 to L5 and L5 to S1 under fluoroscopic guidance and IV sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral lumbar facet joint injection at L4-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch 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 Chapter, Facet Joint Intra-Articular Injections (Therapeutic Blocks).

**Decision rationale:** The previous request was denied on the basis that facet joint injections were not supported as this is not diagnostic for a radiofrequency ablation procedure and requires the use of steroids, which the injured worker wishes to avoid, secondary to weight gain. The Official Disability Guidelines state that treatment with this modality is under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intraarticular block is suggested. If successful (pain relief of at least 50 percent for duration of at least six weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Previous request was partially certified for medial branch blocks at L4 to L5 and L5 to S1. Given this, the request for bilateral lumbar facet joint injections at L4 to L5 and L5 to S1 is not indicated as medically necessary.

### **Bilateral lumbar facet joint injection at L5-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 (ODG), Low Back Chapter, Medial Branch 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 Chapter, Facet Joint Intra-Articular Injections (Therapeutic Blocks).

**Decision rationale:** The previous request was denied on the basis that facet joint injections were not supported as this is not diagnostic for a radiofrequency ablation procedure and requires the use of steroids, which the injured worker wishes to avoid, secondary to weight gain. The Official Disability Guidelines state that treatment with this modality is under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intraarticular block is suggested. If successful (pain relief of at least 50 percent for duration of at least six weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Previous request was partially certified for medial branch blocks at L4 to L5 and L5 to S1. Given this, the request for bilateral lumbar facet joint injections at L4 to L5 and L5 to S1 is not indicated as medically necessary.