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| <b>Case Number:</b>   | CM14-0128352 |                              |            |
| <b>Date Assigned:</b> | 08/15/2014   | <b>Date of Injury:</b>       | 08/19/1997 |
| <b>Decision Date:</b> | 09/11/2014   | <b>UR Denial Date:</b>       | 08/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2014 |

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 55-year-old male who was injured on August 19, 1997. The patient continued to experience pain in his lower back. Physical examination was notable for tenderness in low back. Diagnoses included depressive disorder and lumbago. Treatment included surgery, physical therapy, psychotherapy, epidural steroid injections, and medications. Request for authorization for bilateral L2-3, L3-4, L4-5, and L5-S1 facet joint steroid injections was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral L2-3, L3-4, L4-5 And L5-S1 Lumbar Intra-articular Facet Joint Injections with Steroid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**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 - Lumbar & Thoracic, Facet Joint Intra-Articular Injections (Therapeutic Blocks).

**Decision rationale:** Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. 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 two 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. In this case, the request is for injections at four joint levels. This surpasses the recommended maximum of two joint levels. The request is not medically necessary.