

<b>Case Number:</b>	CM14-0139881		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Orthopedic Surgery 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 47 year old male who reported an injury on 11/10/2010. The mechanism of injury occurred as a result of a loss of footing while pursuing a suspect. The injured workers diagnoses included lumbago, lumbosacral spondylosis and strain/sprain of the lumbar region. His past treatments consisted of medications, chiropractic care, corticosteroid injections, and physical therapy. The injured worker's diagnostic exams included a magnetic resonance imaging (MRI) on 07/29/2014, which revealed multilevel lumbar spondylosis. His surgical history was not indicated in the clinical notes. On 08/04/2014, the injured worker complained of low back pain that radiated from cephalad to the thoracic spine. There was also associated pain in the left inguinal region that radiated to the medial knee. He also reported burning and numbness across the midline lumbar spine, which was aggravated by bending, twisting, stooping, and prolonged sitting. The physical exam revealed flattened lordosis, decreased range of motion, and tenderness to palpation of the left paraspinal. His range of motion values were 90 degrees of flexion, 20 degrees of extension, 20 degrees of right lateral bend and 20 degrees of left lateral bend. His medications consisted of Nucynta 50mg, Norco 5/325, Robaxin 750mg, Ultram 50mg and Celebrex 200mg. The treatment plan consisted of a trial lumbar facet block of L3-4 and L4-5; trail use of Nucynta, and a trial use of Celebrex. A request was received for Lumbar facet bilateral 3/4, 4/5 at [REDACTED]. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Facet Bilateral 3/4, 4/5 at [REDACTED]: 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Facet Joint Intra-Articular Injections

**Decision rationale:** The request for Lumbar Facet Bilateral 3/4, 4/5 at [REDACTED] is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques such as facet joint injections are of questionable merit. However, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Additionally, the Official Disability Guidelines recommend facet joint intra-articular injections based on the absence of radicular pain, spinal stenosis, or previous fusion. Also, no more than 2 joint levels may be blocked at one time and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Indications of facet joint pain include tenderness to palpation in the paravertebral areas over the facet region; a normal sensory examination; absence of radicular findings, although pain may radiate below the knee; and a normal straight leg raising exam. Based on the clinical notes, the injured worker had a normal sensory exam, absence of radicular findings, and a normal straight leg exam. Additionally, the clinical notes show that there was tenderness to palpation over the left paraspinal; however, there is lack of documentation specifically indicating that there was tenderness to palpation over the facet joints. Also, there was lack of records that illustrate that there was a formal plan of exercise in addition to the facet joint injection. Furthermore, the clinical notes indicate that the injured worker had mild left L4-5 foraminal stenosis, which is not supported by the guidelines. Therefore, due to lack of documentation showing that there was tenderness to palpation over the facet joints; the lack of records that illustrate that there was a formal plan of exercise in addition to the facet joint injection; and the suggestion of foraminal stenosis, the request is not supported. Hence, the request for Lumbar Facet Bilateral 3/4, 4/5 at [REDACTED] is not medically necessary.