

<b>Case Number:</b>	CM14-0179988		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	04/15/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Anesthesiology 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:

This is a 29-year-old female with a date of injury of 04/15/2012. The patients' diagnoses include lumbosacral strain, myofascial strain, lumbosacral degenerative joint disease and myofascial pain, and left L5 radiculopathy confirmed by electrodiagnostic studies on 04/02/2014. There is a report of the patient describing a constant stabling pain in her low back with occasional numbness, tingling, and shooting pain to bilateral lower extremities. The pain is rated as a 5 to 8 on a scale of 1 to 10. On 02/28/2013 the patient reportedly had a lumbar transforaminal epidural steroid injection at left S1. On 03/11/2013 the improvement after the epidural is reported to be 10%. On 09/09/2014 the patient had a transforaminal epidural block at left S1. There is a reported 40% pain relief for one week. After one week the patient's pain level returned to a 7 to 9 out of 10. On 09/30/2014 there is a discussion and plan for a facet cyst aspiration and intraarticular facet injection at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intra-Articular Facet Injection At L5-S1, With Cyst Aspiration Under Sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic

**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 injections, Lumbar

**Decision rationale:** According to the Occupational Medicine Practice Guidelines there is some evidence to suggest medial nerve branch block provides pain relief in the cervical spine. Unfortunately there is little evidence to support the use of this procedure in the lumbar region. At most there are mixed results with lumbar facet neurotomies. According to the ODG, facet joint intra-articular injections are under study and facet joint medial branch blocks are not recommended except as a diagnostic tool. There are several criteria recommended for use of these blocks. These criteria include facet tenderness, normal sensory exam, absence of radicular findings, no evidence of radicular pain and no more than two joint levels should be blocked at one time. Criteria also include the definition of a successful block as an initial pain relief of 70% and pain relief of at least 50% for 6 weeks. Also, with diagnostic facet joint injections, the ODG recommends against the use of sedatives as they could interfere with an accurate diagnosis. The ODG states they should only be given in cases of extreme anxiety. The ODG does not address the cyst aspiration procedure specifically, however, there are several possible complications associated with facet joint intra-articular injections. Certainly any additional procedures in the same area of a planned injection could act as a confounding variable and may increase the potential for complications. For these reasons, the requested Intra-Articular Facet Injection At L5-S1, With Cyst Aspiration Under Sedation is considered to be not medically necessary.