

<b>Case Number:</b>	CM14-0022083		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 & Rehabilitation 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 male who reported an unknown injury on 05/28/2013. In an office visit note in 2013, the exact date of which is unknown, due to poor legibility of the record submitted. The patient's diagnoses included lumbar strain exacerbation. The report stated that he was in no acute distress. An MRI of the lumbar spine on 09/20/2013 yielded early degenerative changes of the lumbar spine without significant central spinal canal stenosis. There was borderline bilateral foraminal stenosis at L5-S1. There were no records submitted of this worker's medications, previous treatments, additional diagnostic studies or objective findings of facet joint anomalies. There was no request for authorization, or rationale included in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR FACET JOINT INJECTION FOR BILATERAL L4-5 AND L5-S1 SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Facet Joint Injections.

**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 (therapeutic blocks).

**Decision rationale:** The request for lumbar facet injection for bilateral L4-5 and L5-S1 spine is not medically necessary. The California MTUS/ACOEM Guidelines do not recommend facet joint injections as invasive techniques are of questionable merit. More specifically, the Official Disability Guidelines recommend that facet joint intra-articular injections (therapeutic blocks) are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement, and that there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. There was no documentation submitted of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure requested. There is no documentation submitted that this worker was to undergo a facet neurotomy subsequent to the diagnostic facet injection. Additionally, more than one level was included in the request. Therefore, the request for lumbar facet joint injection for bilateral L4-5 and L5-S1 spine is not medically necessary.