

<b>Case Number:</b>	CM14-0025934		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/04/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a female patient with the date of injury of July 4, 2011. A utilization review determination dated January 28, 2014 recommends non-certification of outpatient facet joint steroid injections at L4-5 and L5-S1 on the right side. Non-certification is recommended because medial branch blocks are recommended over ordinary inter-articular facet blocks. A progress note dated January 16, 2014 includes subjective complaints of persistent lower lumbar spine pain that radiates to the upper part of bilateral lower extremities the right being worse than the left. There is also complains of mid back and right shoulder pain, their pain level is a 10/10 that is described as aching, sharp, burning, and throbbing in nature. Medications include Vicodin 5/500 2 to 3 a day, Soma 350 mg at bedtime, and Naprosyn 500 mg twice a day. All medications listed help the patient manage her pain. Physical examination identifies muscle strength testing of 5/5 proximally and distally and paraspinal muscle tenderness to palpitation on both sides. Diagnoses include displacement of thoracic or lumbar into vertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, spasm of muscle, sacroiliitis, pain and joint of shoulder, disorders of bursa and tendons in shoulder region. The treatment plan recommends authorization to repeat facet joint steroid injections to be done at L4-5 and L5-S1 on the right side. There is documentation stating that a prior facet joint injection provided the patient with more than six weeks of up to 75% pain relief. Refills were issued for Naprosyn, Soma, and the patients Vicodin was switched to Norco 10/325 twice a day. A recommendation for a right shoulder subacromial bursa steroid injection under ultrasound guidance was recommended to address the patient's complaint of right shoulder pain. A progress note dated March 5, 2014 identifies subjective complaints of insufficient pain relief from right shoulder injection, pain level at a 7/10, aching and throbbing lower back pain, and pain relief with Norco, Soma, and Naprosyn. Physical examination identifies positive bilateral facet loading test, paraspinal muscle

tenderness to palpation on both sides and muscle strength testing of 5/5 proximally and distally. The treatment plan recommends refills for Norco, Naprosyn, and Soma. Also, there is a request for L2, L3, L4, and L5 bilateral radiofrequency ablation of the medial branch. A progress note dated May 8, 2014 identifies subjective complaints of a 40% increase in pain following the radiofrequency ablation of right L3, L4, L5, and S1 done April 28, 2014 (the procedure note for 4/28/2014 documented that a bilateral L2-S1 radiofrequency ablation was done). The treatment plan recommends refill of Norco with an increase to three to four times daily, Naprosyn, and an increase of Soma to twice a day.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **OUTPATIENT FACET JOINT STEROID INJECTION L4-L5, L5-S1 RIGHT SIDE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. The Official Disability Guidelines (ODG) state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. Within the documentation available for review, there are no recently documented objective examination findings supporting a diagnosis of facetogenic pain such as tenderness to palpation over the lumbar facets or positive facet loading. Additionally, there are documented subjective complaints of radicular type pain radiating to both lower extremities from the spine. As such, the request for outpatient right-sided lumbar facet injections at L4-5, L5-S1 is not medically necessary and appropriate.