

<b>Case Number:</b>	CM14-0025977		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/20/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/05/2014
<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 Medicine 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 36-year-old male who reported an injury on 02/20/2012. The mechanism of injury was from moving tables at a banquet. Within the clinical note dated 01/31/2014, it was reported the injured worker complained of a lower back pain. The injured worker underwent a lumbar epidural steroid injection at L5-S1 on 10/29/2013. He reported the injection improved the pain in his right lower extremity. The injured worker reported his lower back pain was constant. He reported the pain in his right lower extremity had improved but seemed to be increasing slightly. The injured worker complained of feeling burning pain posteriorly, worse around the knee anteriorly and posteriorly. He complains of numbness and tingling intermittently along the right lower extremity posteriorly to his toes. The injured worker reported weakness in his lower extremity. The injured worker underwent a lumbar MRI on 04/16/2012 which revealed L5-S1 bilateral pars defect, with no evidence of associated spondylolisthesis of L5 with respect to S1. There was mild proximal bilateral neural foraminal stenosis, with no evidence of spinal stenosis along with intermittent development of approximately 2 mm disc bulge. Upon the physical examination, the provider noted pain along the left lower lumbar spine with facet loading bilaterally simultaneously extension and rotation. The provider indicated he was unable to elicit Achilles reflexes bilaterally, and patellar was 1+ right and 2+ left. The injured worker had decreased sensation to fine touch mainly on the right in the L5-S1 distribution. Strength was 5/5 with extension and flexion. The injured worker had a positive straight leg raise bilaterally. The diagnoses included spondylosis lumbosacral and sciatica. The provider indicated the injured worker's lower extremity pain was improved from the previous lumbar epidural steroid injection but he does continue to note constant lower back pain. Previous treatments included lumbar epidural steroid injections, electromyography, and medication. The injured worker demonstrated pain with facet loading. The provider requested

for bilateral facet joint injection L3-4 and L5-S1 with fluoroscopy and IV sedation. However, a rationale was not provided for review. The Request for Authorization was provided and dated 02/03/2014.

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

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

#### **BILATERAL FACET JOINT INJECTION L3-4 AND L5-S1 WITH FLUOROSCOPY & IV SEDATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Diagnostic Block.

**Decision rationale:** The CA MTUS/American College of Occupational and Environmental Medicine notes facet joint injections are not recommended. There is limited research-based evidence of patients with low back complaints. The Official Disability Guidelines recommend that the clinical presentation should be consistent with facet joint pain signs and symptoms. The guidelines note facet injections are limited to patients with lumbar pain that is non radicular and at no more than 2 levels bilaterally. The guidelines recommend there should be documented evidence of failure of conservative treatment to include home exercise, physical therapy, and NSAIDs, and no more than 2 joint levels should be injected in 1 session. The included medical documents have no mention of failed conservative treatment. The guidelines note the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The injured worker reported his lower back pain was constant. He reported the pain in his right lower extremity had improved but seemed to be increasing slightly. He complained of feeling burning pain posteriorly, worse around the knee anteriorly and posteriorly. He complains of numbness and tingling intermittently along the right lower extremity posteriorly to his toes, with weakness in his lower extremity. There is a lack of documentation indicating the injured worker had a negative neurological exam. The clinical documentation submitted indicated the injured worker to have a bilateral positive straight leg raise with decreased sensation to fine touch in the right L5-S1. The clinical documentation submitted indicated the injured worker to have numbness and tingling along the lower right extremity to his toes. There was a lack of documentation warranting the medical necessity for IV sedation. The request for bilateral facet joint injections L3-4 and L5-S1 with fluoroscopy and IV sedation is not medically necessary.