

<b>Case Number:</b>	CM14-0028546		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/17/2003
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old female with a reported date of injury on 03/17/2003. The mechanism of injury was not submitted within the medical records. Her previous treatments were noted to include medications, aqua therapy and lumbar epidural steroid injections. Her diagnoses were noted to include degeneration of lumbosacral intervertebral disc, lumbago, displacement of lumbar intervertebral without myelopathy, muscle spasms, myalgia, myositis, thoracic or lumbosacral neuritis or radiculitis, chronic pain syndrome and lumbar facet joint pain. The progress note dated 05/05/2014 reported the injured worker complained of low back pain rated 8/10 and was ranging 7/10 to 10/10 since the last visit. The injured worker was status post a medial branch facet injection at bilateral L4 and L5 on 02/11/2014 which relieved over 60% of her symptoms for only a few days. The injured worker indicated without medications she was incapacitated with unbearable pain and could not perform basic necessary activities of daily living such as meal preparation, laundry or brief shopping trips. The injured worker also reported that she continued to be awakened by muscle spasms across her low back twice a night and reported these were significantly reduced in both severity and frequency. The physical examination reported the lumbar spine demonstrated a maximum tenderness along the midline lumbar spine. There was noted to be a left supine straight leg raise that was positive and the injured worker complained of low back pain radiating down her left lateral thigh. The right supine straight leg raise was positive with low back pain radiating down her posterolateral leg, hip to heel. The injured worker was noted to ambulate without an assistive device. The Request for Authorization form dated 12/24/2013 is for bilateral L4-S1 facet injections due to lumbar pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **BILATERAL L4-S1 FACET INJECTIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic block (injections).

**Decision rationale:** The request for a bilateral L4-S1 facet injections is non-certified. The injured worker has received a previous lumbar epidural injection which gave her a medial branch facet injection which relieved over 60% of symptoms only for a few days. The Official Disability Guidelines do not recommend facet joint medial branch blocks except as a diagnostic tool. The guidelines state there is minimal evidence for treatment. The guidelines state an article that stated there was moderate evidence for the use of lumbar medial branch blocks for the treatment of chronic lumbar spinal pain was supported by 1 study. The patients either received a local anesthetic or a local anesthetic with methylprednisone. The guidelines state psychiatric comorbidities associated with substantially diminished pain relief after a medial branch block injection performed with a steroid at 1 month follow-up. These findings illustrate the importance of assessing comorbid psychopathology as part of a spine care evaluation. There was a lack of documentation regarding facet joint pain such as tenderness to palpation in the paravertebral areas and a normal sensory examination, absence of radicular findings although pain may radiate below the knee and a normal straight leg raising exam. Due to a lack of documentation regarding facet pain symptoms such as negative straight leg raise and normal sensory examination and the previous medial branch block relieved 60% of the pain for only a few days a facet injection is not warranted at this time. Therefore, the request is not medically necessary.