

<b>Case Number:</b>	CM14-0029996		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 and is licensed to practice in Illinois. 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 53-year-old male who reported an injury on 08/29/2012. The mechanism of injury was not provided. On 02/14/2014, the injured worker presented with tenderness over the right SI joint and diffuses central and right sided tenderness at the L4-5 and L5-S1 levels. Upon examination, the injured worker had a difficult time sitting because of right buttock and leg pain. Unofficial MRI scans revealed lateral disc herniation at L4-5 to the right and facet joint enlargement with foraminal compromise at L5-S1. There was also tenderness over the lumbar facet joints specifically over the right SI joint. The diagnoses were lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, spinal stenosis at the lumbar without claudication, lumbosacral spondylosis, sciatica, and sprain and strain of the sacroiliac region not otherwise specified. Prior therapy included physical therapy and medication. The provider recommended a repeat L4-5 and L5-S1 facet joint injection with fluoroscopy and moderate sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat L4-5 and L5-S1 facet joint injection with fluoroscopy and moderate sedation:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines)Low Back Pain Chapter, Facet joint intra-articular injections(therapeutic blocks).

**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, Facet Injections.

**Decision rationale:** The California MTUS ACOEM Guidelines state invasive techniques such as local injections and facet joint injections are of questionable merit. The Official Disability Guidelines further state that facet joint injections are under study and the criteria for use of a therapeutic injection include no more than one therapeutic block recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if successful, initial pain relief is 70% plus pain relief of at least 50% for duration of at least 6 weeks is recommended; and should be preceded by a medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive. There should also be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The Guidelines also state that the use of sedation with injections is not recommended except for injured workers with anxiety. These injections are recommended for injured workers with clinical presentation consistent with facet joint pain and symptoms to include tenderness to palpation over the area of the facets, normal straight leg raise, and no radiculopathy indicated. The included medical documents state that there was tenderness over the lumbar facets; however, the results of the previous facet injections were not provided. As the Guidelines recommend repeat injections with positive response to the first injection of at least an initial 70% decrease in pain with 50% decrease in pain for up to 6 weeks and the Guidelines do not recommend sedation during this procedure, repeat facet joint injection would not be indicated. As such, the request is not medically necessary.