

<b>Case Number:</b>	CM14-0039328		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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 50 year-old male with a date of injury of January 6, 2009. The patient's industrially related diagnoses include lumbar disc displacement, lumbar/lumbosacral disc degeneration, thoracic/lumbosacral neuritis or radiculitis, spinal stenosis of lumbar spine, and lumbosacral spondylosis. The injured worker is currently taking Tramadol for his pain. An MRI of the lumbar spine dated 12/13/2012 showed mild multilevel lumbar spondylosis with lateral recess narrowing at L4-5 and L5-S1, no disc protrusions or extrusions, and no significant foramina or central canal narrowing. The disputed issues are a request for right L4-5 and L5-S1 facet injection via fluoro under moderate sedation and a request for right L5 transforaminal epidural steroid injection via epidurogram under moderate sedation. A utilization review determination on 3/6/2014 had non-certified these requests. The request for the facet injection was denied because there were no physical examination findings suggestive of facet joint mediated pain. The stated rationale for the denial of the transforaminal epidural injection was: "The submitted progress report dated February 26, 2014 does not document physical examination findings other than vital signs. Further, according to the submitted lumbar spine MRI scan report dated December 13, 2013, there is no evidence of nerve root impingement." In addition, the utilization review stated that the submitted request is for concurrent lumbar facet blocks and transformational epidural steroid injection and the guidelines do not recommend them to be performed on the day of treatment as this may lead to improper diagnosis or unnecessary treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Right L4-5 and L5-S1 facet injection via fluro under moderation sedation:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. 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 ACOEM Medical Practice Guidelines, 2nd edition, 2004 specify that facet-joint injections are "not recommended" in Table 12-8 on page 309 based upon "limited research-based evidence (at least one adequate scientific study of patients with low back pain)." Additionally, page 300 of ACOEM Chapter 12 contains the following excerpt regarding injections: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit. The guidelines found in the California Medical Treatment and Utilization Schedule and ACOEM supersede other guidelines in the Independent Medical Review process. However, the Official Disability Guidelines can also be considered since this is a secondary guideline that is widely accepted. In regard to the lumbar facet joint intra-articular injections (therapeutic blocks), the Official Disability Guidelines 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. Guidelines do not support the use of facet injections in patients with abnormal neurologic examinations, and radicular findings. In the progress report available for review, there are no documented objective examination findings supporting a diagnosis of facet joint pain such as tenderness to palpation over the lumbar facets. Furthermore, the injured worker is diagnosed with lumbosacral neuritis or radiculitis and radicular syndrome, although there is no physical examination documented consistent with the diagnosis. Based on the lack of documentation, the request for right L4-5 and L5-S1 facet injection via fluro under moderation sedation is not medically necessary.

**Right L5 Transforaminal Epidural Steroid Injection via Epidurogram under moderate sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain. The purpose of ESI is to reduce pain and inflammation, restore range of motion (thereby facilitating progress in more active treatment programs), and to seek to avoid surgery. However, this treatment alone offers no significant long-term functional benefit. To meet the criteria for the use of epidural steroid

injections, the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Guidelines recommend ESI after failure of conservative treatment, and no more than one interlaminar level or two transforaminal levels should be injected at one session. In the progress report available for review, there are no documented objective examination findings supporting the diagnosis of radiculopathy. Additionally, there was no documentation of failure of conservative treatment. In the absence of such documentation, the request for right L5 transforaminal epidural steroid injection via epidurogram under moderate sedation is not medically necessary.