

<b>Case Number:</b>	CM14-0044135		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/30/2000
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Occupational and environmental medicine, has a subspecialty in public health and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 58 year old female who sustained an industrially related injury on January 30th, 2000 involving her neck, low back and right knee. She has ongoing complaints of cervical pain with motion; low back pain (7/10) with extension and bilateral knee pain. She is status post right knee arthroplasty. The latest physical examination in the provided medical records (2/21/14) details cervical spine and shoulder dysfunction but does not provide any detail regarding the lumbar region. An earlier examination (12/13) notes decreased lumbar range of motion and axial pain with extension and side bending. Lumbar MRI notes facet joint and ligamentum flavum hypertrophy. There is mention in the records of facet joint injections being utilized in the past with good effect (greater than 70% pain relief). It is not noted when or how frequently the injections have been done. This request is for facet joint injections of L3-4, L4-5, and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Facet Joint Injection at bilateral L3-L4, L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), section 722.1 subsection under facet injection

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks) and Other Medical Treatment Guideline or Medical Evidence: Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

**Decision rationale:** ODG recommendations regarding "therapeutic intra-articular and medial branch are as follows; 1. No more than one therapeutic intra-articular block is recommended.2. There should be no evidence of radicular pain spinal stenosis, or previous fusion.3. If successful (initial pain relief of 70% plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy.4. No more than 2 joint levels may be blocked at any one time 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.Up to Date states "Facet joint injection and medial branch block -- Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use". The records indicate a previous facet injection with good effect so per the above guidelines another facet injection is not indicated; the appropriate therapy at this point would be a diagnostic medial branch block. Further, no more than 2 levels should be blocked at any one time and this request is for 3. As such, the request for Bilateral L3, L4 and L5 and S1 medial branch block is not medically necessary at this time.