

<b>Case Number:</b>	CM14-0057583		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is 61 year-old with a reported date of injury of 03/19/2012 that occurred after stepping in a hole and falling. The patient has the diagnoses of lumbago, status post L1 kyphoplasty, L4-5 degenerative disc diseases and facet arthropathy. Previous treatments modalities have included surgery, facet joint injections, medication and physical therapy. Per the progress notes by the primary treating physician dated 02/18/2014, the patient had complaints of continuing chronic low back pain. The physical exam noted decreased range of motion in the lumbar spine with pain on motion. The treatment recommendations included repeat bilateral L4-L5 facet joint injections under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral Lumbar Facet Injections at L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic) (updated 03/18/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 274-300.

**Decision rationale:** The ACOEM section on low back complaints states the following concerning the use of facet joint injections in the treatment of low back pain: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. And the ODG section on this subject states: No more than one-therapeutic intra-articular block is recommended. This patient had previously received facet joint injection on the right in 2013. Per guidelines additional facet joint injections on the right are not recommended and thus the request for bilateral facet joint injections at L4-L5 is not certified.