

<b>Case Number:</b>	CM14-0065310		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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:

This is a 50 year old female with a 4/5/12 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 3/25/14 noted subjective complaints of low back pain. The pain does not radiate into the lower extremities. This was made worse with physical activity. Objective findings included limited range of motion of the lumbar spine. There was decreased sensation in the L4 distribution. There was weakness in the right L4 distribution. The patient had an ESI at L4-L5 on the right on 3/18/14. She also had a previous medial branch block on 9/5/13 with three months of relief of the low back pain. Prior studies include EMG/NCV from 9/7/12 which demonstrated chronic L4 and L5 radiculopathy. Diagnostic Impression: Lumbar facet arthropathy, lumbar radiculopathy. Treatment to Date: ESI, diagnostic medial branch blocks, exercise, medication management. A UR decision dated 4/8/14 denied the request for bilateral L4-S1 facet joint injections. The provided records indicate that the patient had diagnostic medial branch blocks with 80% pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-S1 facet joint injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, Facet joint pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. Current guidelines recommend that after a positive diagnostic medial nerve block, the next recommended modality would be neurotomy. However, this patient has already had a previous diagnostic medial branch block which yielded a positive result in 9/13. The next therapeutic treatment to be considered would be neurotomy. It is unclear why a repeat, confirmatory facet joint injection would be of benefit. Furthermore, the patient has a clear radiculopathy subjectively and objectively and this would be a relative contraindication. Therefore, the request for Right L4-S1 facet joint injections was not medically necessary.

**Left L4-S1 facet joint injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, Facet joint pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. Current guidelines recommend that after a positive diagnostic medial nerve block, the next recommended modality would be neurotomy. However, this patient has already had a previous diagnostic medial branch block which yielded a positive result in 9/13. The next therapeutic treatment to be considered would be neurotomy. It is unclear why a repeat, confirmatory facet joint injection would be of benefit. Furthermore, the patient has a clear radiculopathy subjectively and objectively and this would be a relative contraindication. Therefore, the request for Left L4-S1 facet joint injections was not medically necessary.