

<b>Case Number:</b>	CM14-0075990		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/24/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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:

The application for independent medical review was signed on May 14, 2014. It was injections-paravertebral facet joints of the lumbosacral spine one level. It does not specify the level. Per the records provided, the claimant is a 57-year-old man who was injured back in the year 2009. The mechanism of injury was a slip and fall. His diagnoses were status post bilateral knee replacement and multilevel lumbar degenerative disc disease. His lumbar MRI from January 31, 2014 showed multilevel degenerative disc disease and bilateral foraminal stenosis. He has had medicines, physical therapy, bilateral L3, L4 and L5 medial branch blocks on January 8, 2014, a lumbar epidural steroid injection on February 10, 2014 and March 7, 2014 and an L4-L5 lumbar ESI on April 9, 2014. On April 24, he had a flare-up of his back pain and he wanted another injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Facet Injection, Level Unknown:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014: Facet joint intra-articular injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Injections, and Pain Journal, Pain Med. 2005 Jul-Aug;6(4):287-96.

**Decision rationale:** The California MTUS, specifically Chapter 12 of the ACOEM Guidelines, page 298 states: Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Duration guidelines do not give a favorable endorsement of this modality. They state: In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. It appears that some clinicians feel more secure in the diagnosis of facet joint pain when response to intra-articular blocks has been shown after the diagnostic phase, and/or they feel they may be able to avoid neurotomy in some patients. These treatment patterns are not based on evidence-based research results, which fail to support the effectiveness of lumbar intra-articular facet injections as a treatment for chronic lower back pain. Per the citation from the journal, Pain, cited above, the apparent efficacy of lumbar intra-articular steroids is no greater than that of a sham injection. There is no justification for the continued use of this intervention. Better outcomes can be achieved with deliberate placebo therapy. Based on the guidelines and evidence cited above, there is insufficient medical evidence to proceed with lumbar facet injections. In addition, the treating physician did not specify the level(s) to be injected, which is necessary for any prescription of this sort. Based on the cited medical evidence and the lack of a sufficient prescription, the lumbar facet injection is not medically necessary.