

<b>Case Number:</b>	CM14-0078430		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/31/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 28-year-old male with a reported date of injury on 03/31/2013. The injury reportedly occurred when the injured worker was lifting a box of tomatoes. His diagnoses were noted to include right sacroiliac sprain, lumbago, and chronic pain syndrome. His previous treatments were noted to include physical therapy, medications and sacroiliac joint injection. The progress note dated 05/06/2014 revealed the injured worker continued to have pain in the low back rated 5/10 to 6/10. The injured worker reported his medications afford less than half a decrease in the symptoms and he did not want to have a radiofrequency procedure. The physical examination to the lumbar spine revealed a decreased range of motion and mild tenderness of the lumbosacral spine and paraspinals without paralumbar muscle tightness. The sacrum pelvis had point tenderness of the sacroiliac joint and gluteal area reproducing pain in the low back on the right. The motor strength of the left lower extremity was rated 5/5 and sensation was equal in the bilateral upper and lower extremities. The provocative tests performed revealed a positive Gaenslen's, Patrick's and fabere test on the right. An unofficial MRI of the lumbosacral spine on an unknown date showed L4-5 and L5-S1 facet arthropathy. The provider indicated the injured worker did not have relief from a previous sacroiliac joint injection on the right and continued to have low back pain. The provider indicated the injured worker's pain generator could be from the lower facets. The Request for Authorization form was not submitted within the medical records. The request was for a right L4-5 and L5-S1 facet/intra-articular joint injection under fluoroscopy for low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5 and L5 -S1 facet /intra-articular joint injection under fluoroscopic QTY:1.00:**  
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 chapter regarding Facet-joint.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** The request for a right L4-5 and L5-S1 facet/intra-articular joint injection under fluoroscopic is non-certified. The injured worker complains of low back pain and had a failed sacroiliac joint injection. The Official Disability Guidelines state facet joint intra-articular injections are under study. The current evidence is conflicting as to this procedure and at this time no more than 1 therapeutic intra-articular block is suggested. If successful (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. If a therapeutic facet joint block is undertaken, it is suggested it be used in consort with other evidence-based conservative care, such as activity or exercise, to facilitate functional improvement. The guideline criteria for the use of therapeutic intra-articular and medial branch blocks are no more than 1 therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. If successful (initial pain relief of 70%, plus pain relief of at least 50% for the duration of 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). No more than 2 joint levels may be blocked at any 1 time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The injured worker indicated he was not interested in a medial branch block, which is recommended after a facet intra-articular block. The clinical findings indicated the point tenderness was of the sacroiliac joint and there is a lack of documentation regarding positive facet loading to indicate facet pain. The guidelines recommend no more than 1 therapeutic intra-articular block and the request is for 2 blocks which exceeds guideline recommendations. Therefore, the request is non-certified.

**Fluoroscopic Guidance QTY;1.00:** 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 chapter regarding Facet-joint.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fluoroscopy.

**Decision rationale:** The request for fluoroscopic guidance is not medically necessary. he previous request was for a L4-5 and L5-S1 intra-articular facet joint injection. The Official

Disability Guidelines recommend fluoroscopy. Fluoroscopy is considered important in guiding medication into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy. The previous request for the facet/intra-articular joint injection was non-certified and therefore, fluoroscopic guidance is not appropriate at this time. As such, the request is not medically necessary.