

<b>Case Number:</b>	CM14-0079933		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/02/2001
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Physical Medicine and Rehabilitation 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 male investigator sustained an injury on 3/2/2001 while employed by [REDACTED]. Request under consideration include pain management evaluation and treatment and lumbar facet injection at L1-2. Orthopedic AME report of 10/16/13 noted diagnoses of lumbar spine multilevel disc disease. Report of 3/21/14 from the provider noted the patient with ongoing chronic back and bilateral knee pain. The patient has pending Supartz injections with history of authorized lumbar facet blocks in 2012; however, authorization has reportedly expired. Current exam noted tenderness and muscle spasm; negative SLR, no radicular findings with pain on range of motion. Diagnoses included multilevel spinal stenosis/degenerative changes/ disc bulges. Facet injections were being requested. The requests for pain management evaluation and treatment was modified for evaluation only without pre-treatment authorization and lumbar facet injection at L1-2 was non-certified on 5/12/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT EVALUATION AND TREATMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127; Chapter 6, Pain, Suffering and Restoration of Function, page 108-115.

**Decision rationale:** There is no report of acute flare-up for persistent chronic low back pain symptoms without report of new injury. Additionally, submitted reports have not demonstrated facet arthropathy deficits to corroborate with the imaging studies to support for the lumbar facet injections, especially in a patient who exhibited radicular symptoms with correlating MR showing disc protrusion extending to the neural foramina. MTUS Chronic Pain Medical Treatment Guidelines recommend facet blocks as an option diagnostically; however, clinical findings must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not demonstrated here. As the lumbar injections are not supported, the pain management consultation with procedural treatment is not supported. The pain management evaluation and treatment is not medically necessary and appropriate.

**LUMBAR FACET INJECTION AT L1-2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301.

**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, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

**Decision rationale:** Report dated 4/23/14 from the provider noted the LESI (lumbar epidural steroid injection) was denied and cannot be re-requested for another year. The patient is awaiting Supartz injection. Exam showed lumbar spine spasm and pain continues to radiate down his legs. The patient continues with crepitation about the knees. Diagnoses include multilevel spinal stenosis with 4 mm retrolisthesis L1 over L2, L2 over L3 and 4 mm posterior disc osteophyte complex extending to bilateral neural foramina at L1-2 and L2-3. Treatment plan noted lumbar spine epidural will be held off for one year and will proceed with Supartz injection. There is no report of acute flare-up for persistent chronic low back pain symptoms without report of new injury. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The lumbar facet injection at L1-2 is not medically necessary and appropriate.