

<b>Case Number:</b>	CM14-0014248		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	07/23/1995
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66 year old female who suffered a work related injury on 07/23/1995. Diagnoses include lumbago, lumbar facet arthropathy, lumbar spondylosis, post-laminectomy pain syndrome, status post bilateral medical branch block at L3-4, L4-5, and L5-S1 with 90% relief for 4 days, and status-post positive diagnostic facet injection at bilateral L3-4, L4-5, and L5-S1. A physician progress note dated 09/22/2014 notes the injured worker has an aching pain in the low back which she rates at a 9/10, Walking and standing for prolonged period of time exacerbate her pain. She is unable to complete daily tasks such as washing the dishes. She has pain in her bilateral knees which she rates at 9/10, and pain is worse in her right knee, radiating down to just below the knee. The injured worker states she experiences weakness in the bilateral legs and feels as if they will give out. She requires assistance going down stairs. Treatment has included medications, and injections. Computed tomography revealed loss of disc height, board-based annular bulges, and a severe canal stenosis, also noted were degenerative facet joint changes. EMG and NCV, done on 10/23/2014, revealed evidence of bilateral S1 radiculopathy, and there was no electrodiagnostic evidence of focal nerve-entrapment or generalized peripheral neuropathy affecting the lower limbs. Treatment requested is for lumbar facet injection at L2-L3, and L3-L4. Utilization Review dated 01/27/2014 non-certifies the request for lumbar facet injection at L2-L3, and L3-L4 citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM)-Low back, Chapter 12, Invasive techniques (e.g., local injection and facet-joint injections of Cortisone and Lidocaine) are of questionable merit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **LUMBAR FACET INJECTION AT L2-L3, L3-L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, facet injections

**Decision rationale:** The patient presents with pain and weakness in her lower back and right leg. The request is for LUMBAR FACET INJECTIONS at L2-L3 and L3-L4. Per 10/20/14 progress report, that the patient underwent a positive diagnostic facet joint injection at L3-4, L4-5 and L5-S1. The patient relates that the facet block was very helpful in both pain relief--80%-- and increase in function. The patient has completed the diagnostic bilateral medial branch block at L3-4, L4-5 and L5-S1 with 90% relief for 4 days. The next step is therapeutic rhizotomy at bilateral L3-4, L4-5 and L5-S1. Regarding facet injections to the lumbar spine, ODG Low Back Chapter under facet injections, "Under study. Current evidence is conflicting as to this procedure and at this time no more than one 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 the medial branch block is positive)." ODG guidelines also do not support facet evaluations or injections at the levels that are fused. ODG does not support facet evaluation if radiculopathy is present. In this case, the patient has had fusion at L4-5 and L5-S1 from 2000. The treater indicates that the patient has had positive response to lower lumbar level facet injections and diagnostics. The request is now to look at L2-3 and L3-4 via facet joint injection. However, this patient presents with radicular symptoms, and underwent laminectomy for a diagnosis of radiculopathy in the past. ODG does not support facet evaluations when radiculopathy is present. Furthermore, this patient had facet evaluations at the levels that were fused, which does not make any sense. The request IS NOT medically necessary.