

<b>Case Number:</b>	CM14-0191975		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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:

The injured worker is a 66-year-old female who reported an injury on 04/18/2012. The mechanism of injury was not specifically stated. The current diagnoses include low back pain, degenerative lumbar disc, bulging disc, herniated nucleus pulposus, spinal stenosis and lumbar facet joint syndrome. The injured worker presented on 10/15/2014 for a follow-up evaluation. It was noted that the injured worker was utilizing tramadol, 2 to 3 tablets per day on an as needed basis for pain relief. The injured worker continued to report constant aching pain in the lower lumbar spine area. Upon examination, there was increased tenderness over the paraspinal muscles from L4-5 to L5-S1 bilaterally, limited active range of motion, difficulty rising from a seated position, an antalgic gait, and positive facet joint maneuvers. Recommendations at that time included continuation of the independent home exercise program and aquatic therapy, continuation of tramadol 50 mg, and a lumbar facet joint injection at L4-5 and L5-S1 bilaterally. A request for authorization form was then submitted on 10/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4/5 and L5/S1 Lumbar Facet Joint Injection (total quantity: 4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Low Back, Face Joint Diagnostic Block.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation (ODG) Low Back Chapter, Facet joint diagnostic block.

**Decision rationale:** The California MTUS /ACOEM Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend a facet joint diagnostic block when the clinical examination suggests facet mediated pain. There should also be evidence of a failure of conservative treatment for at least 4 to 6 weeks prior to the procedure. In this case, the provider documented positive facet joint maneuvers upon examination. However, it is unclear whether the injured worker has been previously treated with facet joint injections given the diagnosis of facet joint syndrome. There is also no documentation of a failure of recent conservative management to include active rehabilitation and NSAIDs prior to the procedure. Given the above, the request is not medically necessary at this time.