

<b>Case Number:</b>	CM14-0193296		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Acupuncture 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:

41y/o female injured worker with date of injury 1/24/14 with related left shoulder and low back pain. Per orthopedic consultation dated 11/14/14, the injured worker rated her shoulder pain 3-4/10 at baseline, and 6-7/10 at the worst. She described it as constant and aching in nature. Per physical exam, she was tender over the proximal and medial part of the scapula. There was moderate pain over the right L5-S1 more than L4-L5 level and left L5-S1. MRI of the lumbar spine was not available for review. Treatment to date has included physical therapy and medication management. The date of UR decision was 10/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar facet injection at right L5-S1: Overturned**

**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 Official Disability Guidelines (ODG), Low Back, Facet Joint Intra-articular Injections

**Decision rationale:** The MTUS is silent on lumbar facet injections. With regard to facet injections, Official Disability Guidelines (ODG) stated: "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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: No more than one 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 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); no more than 2 joint levels may be blocked at any one time; and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Per progress note dated 6/24/14, it was stated "Physical therapy at Pillars has been attempted one of six times; however; the patient states that emphasis appears to be the low back." Also, facet loading is not a required criterion for the procedure. Therefore, this request is medically necessary.