

<b>Case Number:</b>	CM14-0202117		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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 is a 33 year old male with a work related back injury dated 12/04/2012 while drilling a hole in drywall with a rotary hammer. According to a primary physician's progress report dated 11/06/2014, the injured worker presented for a follow up related to his industrial back injury with a pain level about 7/10 while taking pain medications. Diagnoses included lumbago, arthropathy, and thoracic or lumbosacral neuritis or radiculitis. According to a qualified medical re-evaluation dated 10/18/2014, treatments have consisted of facet joint injection, physical therapy and medications. It stated the injured worker had significant relief for a couple of hours with the facet joint injection in September 2014. Diagnostic testing included clear urine toxicology at his September visit and an abnormal MRI which showed a disc herniation. Work status is noted as no lifting over 10 pounds and no more than occasional bending and twisting. On 11/20/2014, Utilization Review non-certified the request for Steroid Facet Injection L5-S1 for the Lumbar Spine citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine and Official Disability Guidelines. The Utilization Review physician stated that evidence based guidelines do not consistently support a second diagnostic block in the evaluation/management of the cited injury/condition. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid facet injection at L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections). Other Medical Treatment Guideline or Medical Evidence: Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment .

**Decision rationale:** MTUS is silent regarding medial branch diagnostic blocks. ODG recommends Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1) One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2) Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3) There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4) No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5) Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6) No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7) Opioids should not be given as a "sedative" during the procedure. 8) The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9) The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10) Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005). 11) Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Medical documents do not include the results of conservative treatment. The treating physician does write that patient has done well on physical therapy and chiropractic therapy, which does not seem to indicate failure. The treating physician states that the first facet injection offered relief for a few hours but did not provide any detail on medication use and activity logs to support better pain control. ACOEM additionally states, "Does not recommend Diagnostic Blocks." Similarly, Up to Date states "Facet joint injection and medial branch block -- Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use". As such, the request for Steroid facet injection at L5-S1 is not medically necessary.