

<b>Case Number:</b>	CM14-0203953		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 70 year old male with the injury date of 07/19/12. The handwritten reports have little information about the patient's pain, symptoms, conditions or treatment's history. Per physician's report 08/26/14, the patient has low back pain. The lists of diagnoses are: 1) Lumbar intervertebral disc without myelopathy 2) Carpal tunnel syndrome 3) Unspecified site of knee and leg Per 08/01/14 progress report, the patient has chronic low back pain at 6/10. The patient had "lumbar facet joint injection, which gave [him] greater 50% improvement." The patient takes Naproxen and starts swimming. Per 06/06/14 progress report, the patient has low back pain at 8/10 with restricted ROM of the lumbosacral back due to pain. MRI of the lumbar from 06/05/14 reveals 1) at L1-L2, 1mm broad-based disc bulge with no central or foraminal stenosis at 2) at L2-L3, 2mm retrolisthesis of L2 on L3, 2-3mm broad-based disc bulge, mild facet joint hypertrophy. Mild bilateral neural foraminal narrowing with no central stenosis 3) at L3-L4, mild facet joint hypertrophy 4) at L4-L5, disc desiccation with no significant disc bulge/protrusion and mild facet joint hypertrophy 5) at L5-S1, 1-2mm anterolisthesis of L5 on S1 and degenerative changes of the facet joints. The utilization review determination being challenged is dated on 11/11/14. Three treatment reports were provided from 06/06/14 to 08/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet injections bilateral L4 to S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Chapter

**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 Chapter under facet injections.

**Decision rationale:** The patient presents with pain in his lower back. The request is for lumbar facet injections bilaterally L4 TO S1. Regarding facet injections to the lumbar spine, the ODG Low Back Chapter under facet injections, criteria are as follows: "there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "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)." Per the utilization review letter 11/11/14, "patient had initial lumbar facet injection with 60% pain relief and improved function." The progress report 08/01/14 states that "lumbar facet joint injection, which gave greater 50% improvement." ODG guidelines do not support repeat facet injections. If the initial injection is helpful, the next step is for dorsal medial branch diagnostic blocks. The request is not medically necessary.