

<b>Case Number:</b>	CM14-0074383		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 45-year-old female with injury date of 11/03/11. Based on the 05/05/14 progress report, the patient complains of constant low back pain. Patient also has weakness and balance problems, and numbness to her right lower extremity. Per 03/28/14 report, the patient complains lower back pain radiating down to the right thigh with right foot tingling, and she was prescribed a cane to aid in ambulation since December 2013. Provider states that chiropractor, physical therapy (PT), acupuncture, TENS, ice, heat, and daily exercise caused no relief to patient's pain per 05/05/14 progress report. Physical examination of lumbar spine on 05/05/14 revealed exaggerated lordosis and tenderness to palpation over L4-L5 at midline and S1 joint. Range of motion was restricted and painful, and sensation to right calf was decreased. Examination on 03/28/14 revealed negative straight leg rising. Per 05/05/14 report, patient is status post lumbar facet injection x1 with "good temporary relief." Provider states that "the patient will benefit from a repeat diagnostic facet injection." Surgery/Diagnostic study:-Lumbar facet injections bilaterally at L4-L5 04/04/14 per operative report.-MRI lumbar spine 03/16/14: left sided disc protrusion at L5-S1 in posterior displacement of the left S1 nerve root within the spinal canal; moderate left neural foraminal narrowing with mild anterior displacement of the left L5 nerve root. Small 3mm synovial cyst extending from the posterior left L4-5 facet joint per 05/05/14 report.-Bilateral lower extremity electrodiagnostic studies 02/27/12: Right-sided L5-S1 and left-sided L4 nerve root lumbosacral radiculopathy per 03/28/14 progress report.Diagnosis 05/05/14:- Lumbosacral Spondylosis The request is for repeat diagnostic lumbar facet injection at L4-5 with IV sedation x1. The utilization review determination being challenged is dated 05/15/14. The rationale is "CA MTUS only supports medial branch blocks, and not intra-articular facet joint injections. The prior injection was intra-articular. The patient also had radicular symptoms." Treatment reports were provided from 01/28/14 to 05/05/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Repeat diagnostic lumbar facet injection at L4-5 with IV sedation x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ASIPP Practice Guidelines, published in the journal Pain Physician - Medial Branch Diagnostic Block, and the Official Disability Guidelines: Criteria for the use of Diagnostic Blocks for Facet Nerve Pain, Facet Neurotomy.

**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 - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet Joint Intra-Articular Injections (Therapeutic Blocks).

**Decision rationale:** Patient presents with constant low back pain radiating to right extremity. The request is for repeat diagnostic lumbar facet injection at L4-5 with IV sedation x1. Diagnosis dated 05/05/14 included lumbosacral spondylosis. Physical examination of lumbar spine on 05/05/14 revealed exaggerated lordosis and tenderness to palpation over L4-L5 at midline and S1 joint. Range of motion was restricted and painful, and sensation to right calf was decreased. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "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)." Provider recommends a repeat diagnostic lumbar facet injection because it would be beneficial to the patient per 05/05/14 progress report. Per operative report dated 04/04/14, patient had her first bilateral lumbar facet injections. Per 05/05/14 report, the patient had a "good temporary relief" from the injections. However, ODG guidelines do not support therapeutic facet injections. If the patient does indeed suffer from facet joint pain, dorsal medial diagnostics followed by RF ablation is recommended. Furthermore, the patient presents with radicular symptoms which are not indicated for facet joint injections. Recommendation is for denial.