

<b>Case Number:</b>	CM15-0004973		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47-year-old female who reported an injury on 08/18/2014. The mechanism of injury was not specifically stated. The current diagnosed include neck pain, cervical spondylosis, lumbosacral spondylosis, and wrist pain. The injured worker presented on 01/14/2015, for a follow-up evaluation. Upon examination of the lumbar spine, there was limited extension with 5/5 motor strength, and tenderness of the lumbar facet joints. Examination of the cervical spine also revealed limited flexion and extension with tenderness to palpation over the cervical facet joints at C3-5. Recommendations at that time included medial branch nerve injections. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar median branch nerve or facet injection (L4-5, L5-S1 bilaterally) with IV sedation:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version.

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

**Decision rationale:** The CA MTUS/ACOEM Practice guidelines state invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines state facet joint diagnostic blocks are recommended for patients with facet mediated pain. There should be documentation of an attempt at 4 to 6 weeks of conservative treatment. In this case, there was no evidence of a recent attempt at conservative treatment, to include active rehabilitation. The medical necessity for the bi-level facet joint injection procedures has not been established in this case. Additionally, the Official Disability Guidelines do not recommend IV sedation with the procedure. Given the above, the request is not medically appropriate at this time.

**Cervical median branch nerve or facet joint injection (C4-5, 5-6 bilaterally):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version - Neck and Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet Joint Diagnostic Block.

**Decision rationale:** The CA MTUS/ACOEM Practice guidelines state invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines state facet joint diagnostic blocks are recommended for patients with facet mediated pain. There should be documentation of an attempt at 4 to 6 weeks of conservative treatment. In this case, there was no evidence of a recent attempt at conservative treatment, to include active rehabilitation. The medical necessity for the bi-level facet joint injection procedures has not been established in this case. Given the above, the request is not medically appropriate at this time.