

<b>Case Number:</b>	CM15-0008522		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine

### 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 52 year old female, who sustained a work related injury on 2/14/13. The diagnoses have included degenerative disc disease lumbar spine, lumbago, bilateral leg neuritis/radiculitis. Treatments to date have included x-rays lumbar spine, MRI lumbar spine, physical therapy, use of a walker, oral medications and TENS unit therapy. In the PR-2 dated 12/29/14, the injured worker complains of chronic low back pain and left leg pain. She rates the pain a 5-9/ on medications and 10/10 off medications. She complains of bilateral leg weakness, left greater than right and knees "buckling" when carrying less than 10 lbs. On 1/10/15, Utilization Review non-certified a request for 1 facet injection. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : ACOEM,Low back complaints, p300. ODG, Low Back, Facet joint intra-articular inj.(therapeutic blocks)

**Decision rationale:** Lumbar Facet Injections (MBB) under fluoro: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of medial branch block. ODG identifies that 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). Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis without myelopathy, bilateral lumbar facet disease, and mechanical low back pain. However, despite documentation that previous facet injection provided 80% pain relief for 1 day, there is no documentation of pain relief of at least 50% for at least 6 weeks (wherein the recommendation is to proceed to a subsequent neurotomy). Therefore, based on guidelines and a review of the evidence, the request for Bilateral lumbar facet injection (MBB) under fluoroscopy at L3-L4 and L4-L5 with anesthesia is not medically necessary. R: ACOEM,Low back complaints, p300. ODG, Low Back, Facet joint intra-articular inj (therapeutic blks).