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| <b>Case Number:</b>   | CM15-0107335 |                              |            |
| <b>Date Assigned:</b> | 06/11/2015   | <b>Date of Injury:</b>       | 03/27/1997 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 05/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/03/2015 |

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 54 year old male sustained an industrial injury on 3/27/97. He subsequently reported back and bilateral knee pain. Diagnoses include multilevel lumbar disc herniation, right knee meniscal tear, osteoarthritis of the knee and lower extremity radicular pain. The injured worker currently has complaints of low back and bilateral knee pain. Upon examination, there was decreased lumbar range of motion and tenderness over the paraspinal muscles on the right greater than the left side. Tenderness was noted at the right SI joint. Straight leg raise test was positive at 70 degrees to posterior thigh. Neurovascular status was intact distally. Deep tendon reflexes were 2 plus bilaterally at the patellar and Achilles tendons. Exam of the bilateral knees reveals decreased range of motion with plus 1 swelling of the left knee. A request for Lumbar Facet joint injection at left L4-L5 and L5-S1 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Facet joint injection at left L4-L5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Facet Joint Diagnostic Blocks (Injections) Section.

**Decision rationale:** Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. In this case, there is no objective evidence of facet joint pain on physical examination, therefore, the request for lumbar facet joint injection at left L4-L5 and L5-S1 is determined to not be medically necessary.