

<b>Case Number:</b>	CM15-0108274		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Physical Medicine & Rehabilitation

### 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 45 year old female, who sustained an industrial injury on 11/18/2009. She reported back pain after a fall at work. The injured worker is currently not working. The injured worker is currently diagnosed as having lumbar spondylosis without myelopathy, lumbar herniated disc, lumbar degenerative disc disease, and lumbago. Treatment and diagnostics to date has included back surgeries, injections, failed spinal cord stimulator trial, lumbar spine computed tomography scan which showed levoscoliosis with mild degenerative disc disease and neural foraminal narrowing, acupuncture with no relief, physical therapy with temporary relief, lumbar epidural steroid injections with no relief, left lower extremity electromyography, and medications. In a progress note dated 04/24/2015, the injured worker presented with complaints of low back pain. Objective findings include lumbar tenderness and unable to tolerate any active lumbar flexion. The treating physician reported requesting authorization for lumbar facet joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral L3-S1 Facet joint injection for treatment of Lumbar-facet mediated Arthropathy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter- Lumbar & Thoracic, Section Facet Joint Medial Branch Block (Therapeutic Injections).

**Decision rationale:** The patient was injured on 11/18/09 and presents with low back pain. The request is for 1 BILATERAL L3-S1 FACET JOINT INJECTION FOR TREATMENT OF LUMBAR-FACET MEDIATED ARTHROPATHY. There is no RFA provided and the patient's work status is not provided. There are no prior facet injections provided for review. The ACOEM guidelines page 300-301 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines on the Low Back Chapter- Lumbar & Thoracic, Section Facet Joint Medial Branch Block (Therapeutic Injections) also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms, negative SLR and sensory examination. No more than 2 levels bilaterally are recommended. The patient has tenderness to palpation along the bilateral mid- to lower paraspinal muscles and she is diagnosed with lumbar spondylosis without myelopathy, lumbar herniated disc, lumbar degenerative disc disease, and lumbago. Regarding the requested lumbar facet injection, the requested treatment does not meet guideline criteria. ODG does not support more than two levels of facet joint injections. The current request is for 3 level injections. Therefore, the requested lumbar facet injection IS NOT medically necessary.