

<b>Case Number:</b>	CM15-0140524		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Massachusetts

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 36 year old male who sustained an industrial injury on 08/18/2014. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar spine facet syndrome. Treatment to date has included diagnostic testing, activity modification, physical therapy, facet joint injections (latest L4-5 and L5-S1 on December 29, 2014 with approximately 70%-80% improvement) and medications. According to the primary treating physician's progress report on July 1, 2015, the injured worker had experienced severe spasm of the left back after physical therapy and is now almost resolved. The injured worker continues with low back pain with some pain in the posterior thighs. Examination of the lumbar spine demonstrated forward flexion limited to 75% of normal with full extension and bilateral lateral rotation. Gait was normal with slow, guarded movements. Neuro examination was within normal limits. The provider noted pain to be primarily axial in nature. Current medication listed was Relafen. The injured worker was allowed to return to work with modified duties. Treatment plan consists of lumbar exercises for core strengthening, medication regimen and the current request for bilateral L4-L5 and L5-S1 facet joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 Facet Joint injection QTY 1:00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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), Lumbar Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant sustained a work-related injury in August 2014 and is being treated for low back pain. He underwent facet injections in December 2014 with reported 70-800% pain relief afterwards lasting for 2.5 months. When seen, he was having gradually increasing pain. There was paraspinal muscle tenderness and decreased range of motion with pain. Lumbar exercise was encouraged. Repeat facet injections were recommended. Guidelines recommend that no more than one set of medial branch diagnostic blocks be performed prior to facet neurotomy. A positive response to a diagnostic block includes a response of at least 70% pain relief lasting at least 2 hours for Lidocaine. In this case, the claimant has already undergone a positive diagnostic block and can proceed to medial branch radiofrequency ablation treatment without a second block. At least a discussion of medial branch radiofrequency ablation as a treatment option would be expected. The requested repeat facet injection procedure is not medically necessary.

**Bilateral L5-S1 Facet Joint Injection QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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), Lumbar Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant sustained a work-related injury in August 2014 and is being treated for low back pain. He underwent facet injections in December 2014 with reported 70-800% pain relief afterwards lasting for 2.5 months. When seen, he was having gradually increasing pain. There was paraspinal muscle tenderness and decreased range of motion with pain. Lumbar exercise was encouraged. Repeat facet injections were recommended. Guidelines recommend that no more than one set of medial branch diagnostic blocks be performed prior to facet neurotomy. A positive response to a diagnostic block includes a response of at least 70% pain relief lasting at least 2 hours for Lidocaine. In this case, the claimant has already undergone a positive diagnostic block and can proceed to medial branch radiofrequency ablation treatment without a second block. At least a discussion of medial branch radiofrequency ablation as a treatment option would be expected. The requested repeat facet injection procedure is not medically necessary.