

<b>Case Number:</b>	CM15-0140980		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/06/2015
<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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 32 year old male sustained an industrial injury to the low back and groin on 10-30-14. Magnetic resonance imaging lumbar spine (1-5-15) showed disc protrusion with facet hypertrophy. Previous treatment included acupuncture, physical therapy and medications. In a request for authorization dated 6-12-15, physical exam was remarkable for lumbar spine with myospasms, myofascial trigger points along the lumbar paraspinal musculature, pain with right facet loading, diminished sensation along the left L5 and S1 distribution and decreased, positive left straight leg raise and painful range of motion. The injured worker had five out five strength to bilateral lower extremities with intact deep tendon reflexes. Current diagnoses included multilevel lumbar disc bulges, lumbar facet arthropathy, myospasms with myofascial trigger points and status post umbilical hernia surgery. The treatment plan included right L4-L5 and L5-S1 intra-articular facet block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 and L5-S1 intra-articular facet block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, and Facet joint injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) facet blocks.

**Decision rationale:** The ACOEM chapter on low back complaints states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epiduralsteroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. When recommended, more than one block at a time is not advised. The request is for two blocks. For these reasons the request does not meet criteria guidelines and therefore is not medically necessary.