

<b>Case Number:</b>	CM15-0142244		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, Indiana, 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 45 year old female, who sustained an industrial injury on 11-18-2009. She reported a low back injury from a slip and fall. Diagnoses include lumbar herniated disc, degenerative disc disease, spondylosis without myelopathy, and lumbago. Treatments to date include medication therapy, physical therapy, acupuncture treatments and lumbar epidural steroid injections. Currently, she complained of increasing low back pain with radiation to the left lower extremity. A progress noted signed and dated on 6-19-15, documented the physical examination was significant for tenderness to the lumbar muscles with inability to tolerate lumbar flexion. There was decreased sensation to right lower extremity. The plan of care included a request for bilateral facet injections to L3-S1 for lumbar facet-mediated arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral (Lumbosacral) 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint injections.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, bilateral lumbosacral L3-S1 facet joint injections for treatment of lumbar facet mediated arthropathy are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; there should be no evidence of radicular pain, spinal stenosis or previous fusion; etc. In this case, the injured worker's working diagnoses are lumbar spondylosis without myelopathy; lumbar herniated disc; lumbar degenerative disc disease; and lumbago. The date of injury is November 18, 2009. Request authorization is June 29, 2015. According to progress note dated June 19, 2015, the injured worker's subjective complaints include low back pain. Injured worker uses a cane ambulate. There is numbness and tingling in the left lower extremity. Acupuncture provided no relief. Physical therapy (24 sessions) provided temporary relief. The injured worker has a surgical history of prior fusion L3-L5 in 2013. Multiple lumbar epidural steroid injections were provided with no relief. Objectively, there is no documentation of facet joint tenderness or facet joint arthropathy. The guidelines indicate there should be no previous fusion with facet joint injections. The guidelines indicate no more than two facet joint levels are to be injected in one session. The treating provider is requesting three facet joint levels to be injected. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and a plan to inject three facet joint levels and a prior lumbar fusion L3-L5, bilateral lumbosacral L3-S1 facet joint injections for treatment of lumbar facet mediated arthropathy are not medically necessary.