

<b>Case Number:</b>	CM15-0147456		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: 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:

The injured worker is a 60 year old female who sustained an industrial injury on 07/01/14. Initial complaints and diagnoses are not available. Treatments to date include epidural steroid injections and medications. Diagnostic studies included a MRI of the lumbar spine on 03-19-15 which showed multiple disc herniations and a pseudodisc bulge at L4-5. Current complaints include worsening back pain, and radicular pain in the left leg. Current diagnoses include lumbar spondylolisthesis and disc protrusion, lumbar facet arthropathy, and persistent lower back pain secondary to facet disease. In a progress note dated 07/02/15 the treating provider reports the plan of care as facet injections of the bilateral L4-5 and L5-S1 levels under fluoroscopic guidance. The requested treatments include facet injections of the bilateral L4-5 and L5-S1 levels and a post injection follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5, L5-S1 lumbar facet injection:** 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Facet joint diagnostic blocks (injections).

**Decision rationale:** Per the CA MTUS ACOEM guidelines, invasive techniques, such as local or facet-joint injections of cortisone and Lidocaine, are of questionable merit. In addition, the medical records do not establish attempt and failure of conservative management for the injured worker's facet mediated low back pain. As noted by ODG with regards to criteria for facet injections, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The request for Bilateral L4-5, L5-S1 lumbar facet injection is not medically necessary and appropriate.

**Post injection follow up with requesting physician:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Office Visit.

**Decision rationale:** According to ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. In this case, the request for facet injection has not been deemed medically necessary and appropriate. The request for Post injection follow up with requesting physician is not medically necessary and appropriate.