

<b>Case Number:</b>	CM15-0149095		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/01/2004
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, 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 50 year old male, who sustained an industrial injury on 6-1-04. He reported pain in his lower back after being impaled by an elephant tusk from posterior to anterior. This resulted in three vertebral fractures and a splenectomy. The injured worker was diagnosed as having lumbar spondylosis and mechanical low back pain. Treatment to date has included physical therapy, Vicodin and Ibuprofen. As of the PR2 dated 7-10-15, the injured worker reports low back pain. He had a facet joint injection at L3-L4, L4-L5 and L5-S1 on 1-9-14 with six months of pain relief. Objective findings include increased pain with forward flexion, worse with backward flexion at L3-L4, L4-L5 and L5-S1 areas. The treating physician requested a bilateral lumbar facet joint injection at L3-L4, L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One bilateral lumbar facet joint injections at the L3-L4, L4-L5 and L5-S1 levels: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Chapter: Low Back - Lumbar & Thoracic, Facet Joint Diagnostic Blocks (Injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Injections Topic.

**Decision rationale:** Regarding the request for therapeutic bilateral lumbar facet injections L3-L4, L4-L5 and L5-S1, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that therapeutic facet joint medial branch blocks are not recommended except as a diagnostic tool. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, the patient has undergone prior facet injections with improvement. However, the current request for 3 joint levels exceeds the maximum number recommended by guidelines. Furthermore, it appears that the requested facet injections are requested as therapeutic injections, which is not recommended by Guidelines. As such, the currently requested lumbar facet injections L3-L4, L4-L5 and L5-S1 are not medically necessary.