

<b>Case Number:</b>	CM15-0166054		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	10/12/2007
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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:

The injured worker was a 50 year old female, who sustained an industrial injury, October 12, 2007. The injured worker previously received the following treatments psychiatric sessions, physical therapy, chiropractic services, Fentanyl patches, three facet blocks, flexion lumbar spine x-rays, Oxycodone, Lyrica, Catrapress, Nortriptyline, Nizatidine, Omeprazole, Zofran, Amitiza, Senokot, Pramosone, Seroquel and Fluoxetine. The injured worker was diagnosed with major depressive disorder, pain disorder associated with psychological factors, post-traumatic stress disorder, anxiety, lumbar fusion on December 6, 2011 and avoidant personality. According to progress note of June 17, 2015, the injured worker's chief complaint was leaving home due to depression. The injured worker was a waiting approve for additional pain injection. The injured worker was interested in a spinal cord stimulator to reduce the pain. The psychiatrist reported that further surgery cold precipitate significant regression in the injured worker. According to the progress note of May 26, 2015, the injured worker's complaint was of severe low back pain secondary to several industrial injuries. The last facet lumbar injection was April 15, 2015, which lasted about 48 hours. The treatment plan included second confirmatory diagnostic left L5-S1 facet block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second confirmatory diagnostic left L5-S1 facet block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**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 epidural steroid 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. For these reasons, the request does not meet criteria guidelines and therefore is not medically necessary.