

<b>Case Number:</b>	CM15-0168137		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	05/27/1992
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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

### 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 53 year old male sustained an industrial injury to the low back on 5-27-92. Previous treatment included lumbar laminectomy and discectomy at L4-5 and L5-S1 (1998), chiropractic therapy, epidural steroid injections, home exercise and medications. Magnetic resonance imaging lumbar spine (4-2-15) showed disc protrusion with annular tear at L4-5 and bilateral facet joint hypertrophy and significant facet joint hypertrophy at L5-S1 with osteophytes throughout the lumbar spine. In an initial evaluation dated 3-20-15, the injured worker stated that past epidural steroid injections provided him with very limited benefit and that chiropractic therapy gave him more back pain relief and improved his ability to bend and stoop while decreasing his dependence on pain medications. In a progress note dated 7-28-15, the injured worker complained of ongoing back pain with a burning sensation in his legs. The injured worker rated his average pain 8 out of 10 on the visual analog scale, worst pain 10 out of 10 and best pain 4 out of 10 with med. The injured worker stated that he had tried epidural steroid injections in the past but they gave him only temporary relief. The injured worker was scheduled to undergo diagnostic median branch blocks to see if he was a candidate for radiofrequency ablation. Physical exam was remarkable for lumbar spine with palpable spasms and decreased range of motion, absent left Achilles reflex, decreased sensation in the left calf and bottom of the left foot and 4 out of 5 strength in left thigh flexion and knee extension. In a visit note dated 8-7-15, the injured worker complained of ongoing low back pain with radiation down the left leg, rated 5-9 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with no tenderness to palpation to the spinous process, intact range of motion, positive right

straight leg raise and 4 out of 4 muscle strength to bilateral upper and lower extremities. Facet loading maneuver caused moderate pain. Current diagnoses included lumbar facet arthropathy. The treatment plan included one bilateral L3-4 lumbar facet injection under fluoroscopy. Utilization Review denied the request noting that ACOEM guidelines do not recommend fact joint injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One bilateral L3-4 lumbar facet injection under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Disorders, Physical Methods, Facet Injections, page 300.

**Decision rationale:** Per Guidelines, medial branch/facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with radiating leg pain complaints, diagnosis of radiculopathy s/p epidural injections. There are no clear symptoms and clinical findings specific of significant facet arthropathy nor evidence of failed conservative treatment, acute flare or progressive deterioration. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently (L3, L4, L5, S1), or at previous surgical fusion sites as in this case. Submitted reports have not demonstrated support outside guidelines criteria. The One bilateral L3-4 lumbar facet injection under fluoroscopy is not medically necessary and appropriate.

#### **One injection lumbar additional levels L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Disorders, Physical Methods, Facet Injections, page 300.

**Decision rationale:** Per Guidelines, medial branch/facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not

recommended in patients who may exhibit radicular symptoms as in this injured worker with radiating leg pain complaints, diagnosis of radiculopathy s/p epidural injections. There are no clear symptoms and clinical findings specific of significant facet arthropathy nor evidence of failed conservative treatment, acute flare or progressive deterioration. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently (L3, L4, L5, S1), or at previous surgical fusion sites as in this case. Submitted reports have not demonstrated support outside guidelines criteria. The One bilateral L3-4 lumbar facet injection under fluoroscopy is not medically necessary and appropriate. Submitted reports have not demonstrated support outside guidelines criteria. The One injection lumbar additional levels L4-5, L5-S1 is not medically necessary and appropriate.