

<b>Case Number:</b>	CM15-0169798		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/27/2000
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 74 year old male, who sustained an industrial injury on May 27, 2000, resulting in pain or injury to the back and left shoulder. Currently, the injured worker reports lower back pain. A review of the medical records indicates that the injured worker is undergoing treatment for facet arthropathy, low back pain, and long term-current use of medications, lumbar chronic degenerative disc disease, chronic pain syndrome, and lumbar spondylosis without myelopathy. Per the Primary Treating Physician's progress report dated July 20, 2015, noted the injured worker's symptoms were relieved by injection and pain medications. The injured worker was noted to have responded best to lumbar facet injections over time, consistently, giving him 80% pain relief for several months at a time, allowing him to greatly reduce his medications, to get off the Oxycontin ER, and resume his golf game. The injured worker reported the previous injection from April 29, 2015, was just starting to wear off, having received 80% facetogenic pain relief and improved range of motion (ROM). Physical examination was noted to show the lumbar facets with tenderness and pain, worsening with loading maneuvers. The lumbar spine range of motion (ROM) was noted to be full with pain with active range of motion (ROM). The lumbar neurovascular examination was noted to be within normal limits. The injured worker was noted to be long retired, playing golf once a week in the summer, going for long walks, and fishing every two weeks or so in the winter. The physical examinations, dated May 15, 2015, and July 20, 2015, revealed no change in the lumbar physical examination. The documentation provided indicates the injured worker reported pain had increased with use of medications from a 1 on a scale of 0-10 on May 15, 2015, to a 3 on a scale of 0-10 in July 20, 2015, using 0 as no

pain and 10 as pain as bad as could be. Treatments have included a left hip replacement, with the current medications listed as Nadolol, Lotrel, Viagra, Simvastatin, Iron, Vitamin D, Prilosec, and Hydrocodone. The request for authorization dated July 20, 2015, requested an injection facet joint, for the lumbar spine Quantity: 1. The Utilization Review (UR) dated August 19, 2015, denied the request for an injection facet joint, for the lumbar spine Quantity: 1.

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

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

#### **One injection facet joint, for the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter updated 7/15/2015.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Facet joint intra-articular injections (therapeutic blocks)  
([http://worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#Facetjointinjections](http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections)).

**Decision rationale:** According MTUS guidelines, "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". According to ODG guidelines regarding facets injections, "Under study... Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti, 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial". Furthermore and according to ODG guidelines, Criteria for use of therapeutic intra-articular and medial branch blocks; are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional

evidence-based activity and exercise in addition to facet joint injection. In this case, the patient did receive bilateral L3-4, L4-5, and L5-S1 facet injection on April 29, 2015; however, there is no evidence of functional improvement or reduction in pain medication usage. In addition, there is no clear documentation of failure of conservative therapies. The provider requested more than 2 facet levels to be injected which is not recommended by ODG guidelines. Therefore, the request for one injection facet joint, for the lumbar spine is not medically necessary.