

<b>Case Number:</b>	CM15-0182189		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 8-18-2014. The injured worker was diagnosed as having lumbar sprain-strain. Treatment to date has included diagnostics and medications. Currently (8-12-2015-per the Initial Spinal Consultation), the injured worker complains of "50% stabbing pain in the back with radiation of achy numbness of 50% in the right leg". Back pain was rated 7 out of 10, right leg pain was rated 6 out of 10, and neck pain was rated 2 out of 10. His back pain score revealed a score of 52 out of 100 (moderate to severe difficulty with pain and moderate difficulty with personal care, lifting, employment, standing, and social life). Medication use was documented as Ibuprofen 3 times per week. Musculoskeletal exam noted an antalgic gait on the right. There was tenderness to palpation of the lower thoracic spine, as well as the lumbosacral spine, along with limited range of motion and some paraspinal spasms. Exam of the lower extremities noted intact sensation and reflexes 1+ in the knees and 0 to 1+ in the ankles. Straight leg raise test was positive on the right and motor strength was 4 of 5 in the bilateral L4 and L5 dermatomes. Magnetic resonance imaging of the lumbar spine (10-30-2014) was documented by the evaluating physician as showing "predominant pathology at the L4-5 level where there is significant disc space narrowing", "moderate canal stenosis and bilateral neuroforaminal stenosis", "at L5-S1 there is severe bilateral foraminal stenosis", and "some retrolisthesis at L4-5 also". His work status was total temporary disability. It was recommended that he have repeat magnetic resonance imaging and flexion-extension x-rays to rule out instability. The treatment plan included a facet joint injection at left L5-S1, non-certified by Utilization Review on 10-13-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Facet joint injection Left L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint injection.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, one facet joint injection left L5 - S1 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an non-steroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. In this case, the injured worker's working diagnoses are back pain and radiating right leg pain; L4 - L5 and L5 - S1 disc disease and stenosis; and back and radiating right leg pain. According to a September 9, 2015 progress note, the injured worker complains of predominantly back pain but also right posterior buttock and thigh pain. Physical examination does not contain a lumbar physical examination. There is no neurologic evaluation on physical examination. Documentation indicates there is some bilateral hip restricted motion and weakness in the right tibialis anterior, right greater than left. The documentation reinforces back pain that radiates to the right buttock and thigh. Facet blocks are not clinically indicated in patients with low back pain that is radicular. Facet blocks are indicated in patients with low back pain is non-radicular. The worker has low back pain that is radicular. There is no clinical discussion, indication or rationale for facet joint injections in the progress note documentation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, subjective symptoms that are radicular in nature, no neurologic evaluation, and no discussion, indication or rationale for a facet joint injection, one facet joint injection left L5 - S1 is not medically necessary.