

<b>Case Number:</b>	CM15-0182940		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 59 year old female who sustained an industrial injury on 05-02-2014. Medical records indicated the worker was treated for joint pain in pelvis, lumbago, and contusion of the hip. In the provider notes of 08-14-2015, she complained of low back and hip pain radiating down both legs to the feet. Treatment included physical therapy 2-3 times per week for three weeks with no improvement, and an L4-5 epidural injection (ESI) (08-04-2014) without improvement. She is allergic to Tylenol #3, Tramadol, ibuprofen, Fosamil, and Dilantin. Her medications include Norco, Soma, Amlodipine, Clonidine, and Metoprolol. On exam, the worker has a right leg antalgic gait. She has difficulty rising from a seated position. Lumbar extension is 10% of normal with discomfort. Forward flexion is to the tibial tubercle. Ankle and knee reflexes are absent. Sensation is grossly intact, and straight leg raise causes low back pain. A two view lumbar spine x-ray shows degenerative scoliosis, unremarkable sacroiliac and hip joints, and lumbar spondylosis with a low grade anterolisthesis at L4-5. A MRI of the lumbar spine (08-16-2014) shows bilateral facet disease at L4-5 and L6-S1. In the absence of improvement from the ESI on 08-04-2014, and in the presence of pain across the low back that increases with extension, rotation, and palpation, and with imaging studies that suggest degeneration and arthrosis, the examiner stated she felt the pain may be facet mediated. Facet injections are planned. A request for authorization was submitted for Outpatient Facet Injections at levels L4-5 and L5-S1. A utilization review decision 08-25-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Facet Injections at levels L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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, Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "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." " 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 therapy." Per the medical records submitted for review, the injured worker has diminished EHL strength bilaterally 4/5. Reflexes in the knees and ankles are absent. MRI of the lumbar spine dated 8/16/14 revealed at L4-L5 moderate bilateral, lateral recess stenosis and mild central stenosis at midline. As radiculopathy is an exclusionary criteria, per citation above, the request is not medically necessary.