

<b>Case Number:</b>	CM15-0194751		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	08/04/1989
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 62 year old male who sustained an industrial injury on 8-4-1989. A review of medical records indicates the injured worker is being treated for shoulder joint pain, lumbago, cervical degenerative disc disease, lumbar degenerative disc disease, lumbar facet arthropathy, cervicgia, and sciatica. Medical records dated 8-31-2015 noted his pain level was 5 out of 10. He previously noted new pain in the left foot with tenderness in the arch with walking which he attributed to his awkward gait due to low back pain. Physical examination noted the low back had decreased range of motion due to pain. Left shoulder had decreased range of motion with crepitus and tenderness. Cervical MRI dated 7-25-2014 revealed +C3-7 stenosis. Lumbar MRI dated 7-25-2014 revealed L1-S1 disc bulge, L5-S1 stenosis. Treatment has consisted of failed treatment including lumbar and cervical epidural steroid injections, NSAIDS, Methadone, and land physical therapy. Utilization review form dated 9-9-2015 noncertified bilateral L4-S1 facet injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Bilateral L4-S1 Facet Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability

Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Facet joint intra-articular injections (therapeutic blocks).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of facet arthropathy. However, it appears the patient has active symptoms of radiculopathy. Guidelines do not support the use of facet injections in patients with active radiculopathy. Furthermore, it is unclear what conservative treatment measures have been attempted for this patient's diagnoses of facet arthropathy prior to the currently requested facet injections. In light of the above issues, the currently requested Bilateral L4-S1 Facet Injections are not medically necessary.