

<b>Case Number:</b>	CM15-0195605		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/31/2007
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/02/2015
<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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained an industrial injury on 10-31-2007. The medical records indicate that the injured worker is undergoing treatment for lumbar spine radiculopathy, discogenic pain, muscle spasms, and status post anterior-posterior fusion L3-4, L4-5, and L5-S1. According to the progress report dated 8-18-2015, the injured worker presented with complaints of lumbar spine pain (7 out of 10) with radiation into the bilateral lower extremities, associated with numbness. The physical examination of the lumbar spine reveals decreased and painful range of motion. The current medications are Celebrex and Norflex. Previous diagnostic studies include x-rays. Treatments to date include medication management, home exercise program, 2 lumbar epidural steroid injections (helpful), and surgical intervention X2. Work status is described as temporarily totally disabled. The original utilization review (9-2-2015) had non-certified a request for repeat lumbar facet injection L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Facet Injection at L4-5 and L5-S1 (repeat): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Guidelines, Facet Joint Diagnostic Blocks (injections).

**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 pain/injections.

**Decision rationale:** The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, absence of radicular findings (although pain may radiate below the knee), and normal straight leg raising exam are all requirements of the diagnosis. If evidence of hypertrophy encroaching on the neural foramen is present then only two out of the four requirements above may allow for an accurate diagnosis of facet joint pain. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including: 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, and 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection. In the case of this worker, there was record of having failed epidural injection, and facet injections, instead, were considered for the lumbar spine on the right. However, upon review of the notes provided, there was no evidence of the worker matching the criteria for these injections. The worker has lumbar radiculopathy, a spinal fusion at the requested levels, and no physical findings of facet pain on recent documentation. In addition, although this appeared to be a request for a repeat facet injection of the lumbar spine, there was no report found on how effective the prior injection was. Therefore, this request for lumbar facet injection at L4-5 and L5-S1 (repeat) is not medically necessary considering the factors above.