

<b>Case Number:</b>	CM15-0195671		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/01/2000
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/04/2015
<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: Arizona, California

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 8-1-2000. Treatments to date include opioid therapy, epidural steroid injections, "epidurogram," and lumbar facet injections. On 8-20-15, he complained of increasing pain in the back with radiation into the buttocks and back of thighs. The provider documented review of a recent lumbar MRI revealing increased facet arthropathy, new or worsened disc bulges with no cord compression. The record documented greater than 50% pain relief with previous lumbar facet joint injections (date unknown). The physical examination documented persistent point tenderness over L3-4 and L4-5 bilaterally. The treating diagnoses included lumbar degenerative disc disease with intractable low back pain, lumbar radiculopathy, facet mediated pain, facet arthropathy, and worsening radicular symptoms with decreased function. The plan of care included bilateral facet injections. The appeal requested authorization for bilateral facet joint injection to L3-L4 and L4- L5 levels. The Utilization Review dated 9-4-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Facet Joint Injection L3-4: 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: Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

**Decision rationale:** According to the guidelines, facet blocks like medial branch blocks (MBB) are recommended for those without radiculopathy. In this case, the claimant was diagnosed with radiculopathy and underwent epidural steroid injections with 80% relief as noted on the progress note on 5/18/15. In addition, the ACOEM guidelines do not recommend invasive procedures due to their short-term benefit. The request for facet blocks of L3-L4 is not medically necessary.

#### **Bilateral Facet Joint Injection L4-5: 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: Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

**Decision rationale:** According to the guidelines, facet blocks like medial branch blocks (MBB) are recommended for those without radiculopathy. In this case, the claimant was diagnosed with radiculopathy and underwent epidural steroid injections with 80% relief as noted on the progress note on 5/18/15. In addition, the ACOEM guidelines do not recommend invasive procedures due to their short-term benefit. The request for facet blocks of L4-L5 is not medically necessary.