

<b>Case Number:</b>	CM15-0195831		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	04/23/1996
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/10/2015
<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 48-year-old female, with a reported date of injury of 04-23-1996. The diagnoses include lumbar radiculopathy, lumbar spondylosis and degenerative disc disease, sacroiliitis, and right L4-5 and S1 facet pain syndrome. Treatments and evaluation to date have included Percocet, Baclofen, Neurontin, right L3-4 and L5-S1 transforaminal epidural steroid injection on 03-13-2014, and 02-26-2015, right L4-5 and L5-S1 medial branch block on 02-19-2015, bilateral L4-5 and L5-S1 interfacet steroid injection on 01-08-2015, lumbar facet cortisone and anesthetic injection on 11-18-2014, pain patches, topical cream, right sacroiliac joint steroid injection on 10-02-2014; and physical therapy. The diagnostic studies to date have included an MRI of the lumbar spine on 09-14-2015 which showed mild degenerative changes; a urine drug screen on 07-28-2014; and a urine drug screen on 02-04-2014. The pain management progress report dated 08-31-2015 indicates that the injured worker complained of low back pain, which was rated (07-28-2015 to 08-31-2015) 8 out of 10. It was noted that the injured worker was "looking forward to the injections". The treating physician indicates that "urines have been inconsistent due to the increase of pain and changes in medications." The physical examination showed paraspinal tenderness, bilateral sacroiliac tenderness, and positive bilateral Patrick sign. The injured worker's work status was not indicated. The treating physician requested one facet lumbar injection at the bilateral L4-5 and L5-S1. On 09-10-2015, Utilization Review (UR) non-certified the request for one facet lumbar injection at the bilateral 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:

**1 facet lumbar injection, right L4-L5, L5-S1 and left L4-L5, L5-S1: 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections); facet joint medial branch blocks (therapeutic 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 chapter and pg 36.

**Decision rationale:** According to the guidelines, blocks/facet injections are not recommended but if performed as medical branch block then it can be done if there are no radicular signs. Subsequent blocks may be considered if there is more than 50% relief. In this case, the claimants had a prior facet injection with no relief as noted on 3/2/15. In addition, the claimant had a prior ESI. ESIs are only to be performed in those with radiculopathy. Due to lack of relief and conflicting evidence for the injection type, the request for a facet lumbar injection is not medically necessary.