

<b>Case Number:</b>	CM15-0196819		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/21/2000
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This is a 57 year old female who sustained an industrial injury on 9-21-2000. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain, cervical degenerative disc disease, cervical radiculopathies, cervical stenosis, carpal tunnel syndrome, low back pain, lumbar degenerative disc disease and chronic pain syndrome. According to the progress report dated 9-16-2015, the injured worker complained of low back pain and right leg numbness. She also complained of aching pain in her wrists and neck. Per the treating physician (9-16-2015), the work status was permanent and stationary. The physical exam (9-16-2015) revealed tenderness of the sacroiliac joints and the paraspinals on the right. Straight leg raise was negative bilaterally. Sensation was decreased in the right lower extremity. Treatment has included physical therapy, chiropractic treatment, acupuncture and medications (Norco, Flexeril, Gabapentin and Naproxen). The physician noted (9-16-2015) that electrodiagnostic studies were done which showed no evidence of a radiculopathy of entrapment neuropathy. The treatment plan was for lumbar facet steroid injections. The original Utilization Review (UR) (9-29-2015) denied requests for right lumbar facet steroid injections L3-4, L4-5 and L5-S1 with moderate sedation and fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lumbar facet steroid injection L3-4 with moderate sedation and fluoroscopic guidance Qty: 1.00: 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 & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint injections.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, right lumbar facet steroid injection L3-L4 with moderate sedation and fluoroscopy #1 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an non-steroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. The use of sedation introduces potential diagnostic and safety issues making it unnecessary than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. The general agent recommended is a benzodiazepine. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection but is not contraindicated. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of postoperative care. In this case, the injured worker's working diagnoses are neck pain; cervical degenerative disc disease; cervical radiculopathy; cervical stenosis; carpal tunnel syndrome; numbness; low back pain; lumbar degenerative disc disease; possible lumbar radiculopathy; and chronic pain syndrome. Date of injury is September 21, 2000. Request for authorization is September 22, 2015. According to a September 16, 2015 progress note, subjective complaints include low back pain with radiation to the right leg laterally. The injured worker is engaged in a home exercise program. Medications include Norco, Flexeril, gabapentin and Naprosyn. Objectively, there is tenderness at the SI joints and paravertebral muscles. There is decreased range of motion. Motor function is 5/5 and there is decreased sensation over the right leg laterally. Sedation is not indicated for facet joint injections. Routine use is not recommended. There are no compelling clinical facts for utilizing sedation. The treating provider is requesting a three level facet joint injection. The guidelines recommend no more than two levels bilaterally. The injured worker has radicular pain involving the right lower extremity. The guidelines recommend facet joint injections with non-reticular pain. There is no tenderness documented at the facet joints. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation of radicular pain, documentation of a three level facet joint injection (guidelines recommend two levels) and no compelling clinical facts support sedation, right lumbar facet steroid injection L3-L4 with moderate sedation and fluoroscopy #1 is not medically necessary.

**Right lumbar facet steroid injection L4-5 with moderate sedation and fluoroscopic guidance**  
**Qty: 1.00:** 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 & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint injections.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, right lumbar facet steroid injection L4-L5 with moderate sedation and fluoroscopy #1 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an non-steroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. The use of sedation introduces potential diagnostic and safety issues making it unnecessary than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. The general agent recommended is a benzodiazepine. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection but is not contraindicated. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of postoperative care. In this case, the injured worker's working diagnoses are neck pain; cervical degenerative disc disease; cervical radiculopathy; cervical stenosis; carpal tunnel syndrome; numbness; low back pain; lumbar degenerative disc disease; possible lumbar radiculopathy; and chronic pain syndrome. Date of injury is September 21, 2000. Request for authorization is September 22, 2015. According to a September 16, 2015 progress note, subjective complaints include low back pain with radiation to the right leg laterally. The injured worker is engaged in a home exercise program. Medications include Norco, Flexeril, gabapentin and Naprosyn. Objectively, there is tenderness at the SI joints and paravertebral muscles. There is decreased range of motion. Motor function is 5/5 and there is decreased sensation over the right leg laterally. Sedation is not indicated for facet joint injections. Routine use is not recommended. There are no compelling clinical facts for utilizing sedation. The treating provider is requesting a three level facet joint injection. The guidelines recommend no more than two levels bilaterally. The injured worker has radicular pain involving the right lower extremity. The guidelines recommend facet joint injections with non-reticular pain. There is no tenderness documented at the facet joints. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation of radicular pain, documentation of a three level facet joint injection (guidelines recommend two levels) and no compelling clinical facts support sedation, right lumbar facet steroid injection L4-L5 with moderate sedation and fluoroscopy #1 is not medically necessary.

**Right lumbar facet steroid injection L5-S1 with moderate sedation and fluoroscopic guidance Qty: 1.00: 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 & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint injections.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, right lumbar facet steroid injection L5-S1 with moderate sedation and fluoroscopy #1 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an non-steroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. The use of sedation introduces potential diagnostic and safety issues making it unnecessary than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. The general agent recommended is a benzodiazepine. While sedation is not recommended for facet injections (especially with opiates) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an epidural steroid injection but is not contraindicated. As far as monitored anesthesia administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of postoperative care. In this case, the injured worker's working diagnoses are neck pain; cervical degenerative disc disease; cervical radiculopathy; cervical stenosis; carpal tunnel syndrome; numbness; low back pain; lumbar degenerative disc disease; possible lumbar radiculopathy; and chronic pain syndrome. Date of injury is September 21, 2000. Request for authorization is September 22, 2015. According to a September 16, 2015 progress note, subjective complaints include low back pain with radiation to the right leg laterally. The injured worker is engaged in a home exercise program. Medications include Norco, Flexeril, gabapentin and Naprosyn. Objectively, there is tenderness at the SI joints and paravertebral muscles. There is decreased range of motion. Motor function is 5/5 and there is decreased sensation over the right leg laterally. Sedation is not indicated for facet joint injections. Routine use is not recommended. There are no compelling clinical facts for utilizing sedation. The treating provider is requesting a three level facet joint injection. The guidelines recommend no more than two levels bilaterally. The injured worker has radicular pain involving the right lower extremity. The guidelines recommend facet joint injections with non-reticular pain. There is no tenderness documented at the facet joints. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation of radicular pain, documentation of a three level facet joint injection (guidelines recommend two levels) and no compelling clinical facts support sedation, right lumbar facet steroid injection L5-S1 with moderate sedation and fluoroscopy #1 is not medically necessary.