

<b>Case Number:</b>	CM15-0205086		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 York

Certification(s)/Specialty: Anesthesiology

### 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 56 year old male, who sustained an industrial injury on 7-30-2009. The injured worker is undergoing treatment for lumbar facet arthropathy and lumbar spondylosis with myelopathy. Medical records dated 9-14-2015 indicate the injured worker complains of back pain described as aching, cutting, dull, sharp and throbbing. He rates the pain 3 out of 10 at best and 10 out of 10 at worst. He reports loss of sleep. Physical exam dated 9-14-2015 notes lumbar tenderness to palpation, spasm painful decreased range of motion (ROM) and pain in the lumbar facet region. Treatment to date has included home exercise program (HEP), medication and chiropractic treatment. The original utilization review dated 9-24-2015 indicates the request for right transforaminal L4-L5 facet joint injection, left transforaminal L4-L5 facet joint injection, right transforaminal L5-S1 facet joint injection, left transforaminal L5-S1 facet joint injection and follow up visit is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Transforaminal L4-L5 facet joint injection, QTY: 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Injections.

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

**Decision rationale:** The CA MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). Indicators of pain related to facet joint pathology include, tenderness to palpation in the paravertebral areas (over the facet region); axial low back pain; and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Patients with lumbar facet pain (facet syndrome) typically present with back, buttock, or hip pain. In this case, there is no documentation of radicular pain, spinal stenosis or previous fusion. Therefore, based on guidelines and a review of the evidence, medical necessity for the requested injection has been established. The request for a right lumbar facet injection at L4-L5 is medically necessary.

**Left Transforaminal L4-L5 facet joint injection, QTY: 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Injections.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet injections.

**Decision rationale:** The CA MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). Indicators of pain related to facet joint pathology include, tenderness to palpation in the paravertebral areas (over the facet region); axial low back pain; and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Patients with lumbar facet pain (facet syndrome) typically present with back, buttock, or hip pain. In this case, there is no documentation of radicular pain, spinal stenosis or previous fusion. Therefore, based on guidelines and a review of the evidence, medical necessity for the

requested injection has been established. The request for a left lumbar facet injection at L4-L5 is medically necessary.

**Right Transforaminal L5-S1 facet joint injection, QTY: 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Injections.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint injections, lumbar.

**Decision rationale:** The CA MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). Indicators of pain related to facet joint pathology include, tenderness to palpation in the paravertebral areas (over the facet region); axial low back pain; and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Patients with lumbar facet pain (facet syndrome) typically present with back, buttock, or hip pain. In this case, there is no documentation of radicular pain, spinal stenosis or previous fusion. Therefore, based on guidelines and a review of the evidence, medical necessity for the requested injection has been established. The request for a right lumbar facet injection at L5-S1 is medically necessary.

**Left Transforaminal L5-S1 facet joint injection, QTY: 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Injections.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet injections, lumbar.

**Decision rationale:** The CA MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). Indicators of pain related to facet joint pathology include, tenderness to palpation in the paravertebral areas (over the facet region); axial low back pain;

and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Patients with lumbar facet pain (facet syndrome) typically present with back, buttock, or hip pain. In this case, there is no documentation of radicular pain, spinal stenosis or previous fusion. Therefore, based on guidelines and a review of the evidence, medical necessity for the requested injection has been established. The request for a left lumbar facet injection at L5-S1 is medically necessary.

**Follow-up office visit, QTY: 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

**Decision rationale:** The need for a clinical office visit with a health care provider is individualized based on the review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The requested facet injections are medically necessary. In this case, the plan of care includes a follow-up visit, which is considered to be medically reasonable and necessary. Medical necessity has been established. The requested follow-up visit is medically necessary.