

<b>Case Number:</b>	CM15-0211448		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 9-23-13. The injured worker is diagnosed with lumbosacral spondylosis without myelopathy. His work status is temporary total disability. Notes dated 8-3-15 and 9-14-15 reveals the injured worker presented with complaints of continued low back pain that impacts her ability to engage in activities of daily living and functional limitations. Physical examinations dated 8-3-15 and 9-14-15 revealed there is tenderness over the bilateral L5-S1 facet joints and limited flexion with pain. Treatment to date has included medications improve his ability to function per note dated 8-3-15. Diagnostic studies include lumbar spine MRI and x-rays. A request for authorization dated 10-5-15 for outpatient bilateral L5-S1 facet joint injections under fluoroscopy and ultrasound is non-certified, per Utilization Review letter dated 10-12-15. Physical examination dated 10-21-15 states there is objective evidence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Bilateral L5-S1 Facet Joint Injections under Fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination, Diagnostic Criteria, Initial Care, Physical Methods, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for Outpatient Bilateral L5-S1 Facet Joint Injections under Fluoroscopy, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intra-articular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, the most recent physical examination findings are not supporting a diagnosis of facet arthropathy. Additionally, it appears the patient has active symptoms of radiculopathy. Guidelines do not support the use of facet injections in patients with active radiculopathy. Furthermore, it is unclear what conservative treatment measures have been attempted for this patient's low back pain prior to the currently requested facet injections. In light of the above issues, the currently requested Outpatient Bilateral L5-S1 Facet Joint Injections under Fluoroscopy are not medically necessary.

**Ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Ultrasound, Therapeutic.

**Decision rationale:** Regarding the request for Ultrasound, California MTUS does not address this issue. ODG states that it is not recommended based on the medical evidence, which shows that there is no proven efficacy in the treatment of acute low back symptoms. They go on to states that there is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. As such, the currently requested Ultrasound is not medically necessary.