

<b>Case Number:</b>	CM15-0225723		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	07/14/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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, who sustained an industrial injury on 7-14-14. The injured worker was being treated for multilevel left lumbar spine facet degenerative disease and back muscle spasms. On 10-7-15, the injured worker complains of left swelling with activity and continued lumbar spine pain. Physical exam performed on 10-7-15 was unchanged from previous exam and revealed positive left facet distraction test, left paravertebral muscle tenderness with good lower extremity muscle strength. MRI of lumbar spine performed on 10-6-14 revealed L4-5 minimal disc bulge, focal tear of left posterolateral annulus fibrosis, L3-4 minimal disc bulge with moderate facet arthrosis, L2-3 tear of left posterolateral annulus fibrosis with minimal disc bulge and marrow edema in left pedicles of L4-5. Treatment to date has included 12 sessions of physical therapy (without improvement in pain or function), TENS unit, topical creams, 6 chiropractic visits, trigger point injection and activity modifications. On 11-3-15 request for authorization was submitted for left L3-4 and L4-5 facet joint injection. On 11-10-15 request for left L3-4 and L4-5 facet joint injection was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Facet Joint Injection of Left L3-4, 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).

**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/Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** CA MTUS is silent with regard to lumbar facet injections. Per ODG Low Back/Facet joint intra-articular injections (therapeutic blocks): "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." In this case review of clinical notes from 10/7/15 show that this patient does not meet the above ODG criteria because no more than 2 joint levels may be blocked at any one time and there is no evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Thus, the request for Facet Joint Injection of Left L3-4, L4-5 is not medically necessary.