

<b>Case Number:</b>	CM15-0037601		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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  
 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:

The injured worker is a 45-year-old female, who sustained an industrial injury on April 13, 2012. She has reported lumbar spine and left hamstring pain. The diagnoses have included multiple level disc protrusions L3-4 and L4-5 levels, lumbar facet arthropathy L4-5 and L5-S1 levels and lower back and left leg radicular pain moderately improved with initial epidural injection. Treatment to date has included epidural injection, diagnostic studies, home exercises, ultrasound and physical therapy. Currently, the injured worker reported improvement of lower back and left leg pain after an epidural injection done about six weeks prior to examination. She still gets pain down the left leg but not as severe or as frequent. She also has back pain across both sides, which seems to be worse than the leg pain. The pain is made worse with lumbar hyperextension and standing. On February 3, 2015, Utilization Review non-certified facet injections of the bilateral L4-5 and L5-S1 levels under fluoroscopic guidance and post follow up, noting the CA MTUS and Official Disability Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of facet injections of the bilateral L4-5 and L5-S1 levels under fluoroscopic guidance and post follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet Injections of the Bilateral L4-L5 and L5-S1 levels under fluoroscopic guidance:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint intra-articular injections (therapeutic blocks), Facet joint medial branch blocks (therapeutic injections). ACOEM 3rd Edition Low back disorders (2011)  
<http://www.guideline.gov/content.aspx?id=38438>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) facet-joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections are not recommended. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. ACOEM 3rd Edition (2011) states that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. Medical records document a history of low back complaints. The orthopedic progress report dated 2/5/15 documented the diagnoses of low back pain and lumbar disc degeneration. Facet injections of bilateral L4-L5 and L5-S1 levels were requested. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. ACOEM 2nd Edition (2004) indicates that facet-joint injections are not recommended. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended. Minimal evidence for treatment was noted. ACOEM 3rd Edition (2011) states that that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. The request for lumbosacral facet injections is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for facet injections of bilateral L4-L5 and L5-S1 levels is not medically necessary.