

<b>Case Number:</b>	CM15-0045870		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/03/2003
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 47-year-old male, who sustained an industrial injury on 5/3/2003. The diagnoses have included sacroiliac (SI) joint arthropathy left side and facet arthropathy L4-L5 and L5-S1. Treatment to date has included left sided sacroiliac (SI) joint injection and medication. According to the progress report dated 1/15/2015, the injured worker complained of low back pain, worse in the left side of his lower back. The injured worker had a medial branch nerve block on the left side at the level of L4-L5 and L5-S1. The injured worker reported more than 90% relief for at least two hours; after that, the pain gradually returned. Objective findings revealed significant tenderness over the L4-L5 and L5-S1 facet area on the left side. Facet loading was positive for pain in the lower lumbar region. Authorization was requested for left sided L4-L5 and L5-S1 radiofrequency ablation of the facet joints at the level of the medial branches. The injured worker was given a trigger point injection in the left lower lumbar area at the 1/15/2015 visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5 and L5-S1 radiofrequency ablation of facet joints at medial branches: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**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 (2011) Low back disorders <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. The treating physician's progress report dated 2/15/15 documented low back complaints. L4-L5 and L5-S1 radiofrequency ablation of the facet joints at the level of the medial branches was requested. 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 L4-L5 and L5-S1 radiofrequency ablation of the facet joints at the level of the medial branches is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for L4-L5 and L5-S1 radiofrequency ablation of the facet joints at the level of the medial branches is not medically necessary.

**Retro trigger point injection to the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses trigger point injections. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that trigger-point injections are not recommended. 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) indicates that

trigger-point injections are not recommended. Medical records document low back complaints. The treating physician's progress report dated 2/15/15 did not document circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. ACOEM guidelines indicate that trigger point injections are not recommended for low back conditions. Therefore, the request for trigger point injections is not supported by ACOEM guidelines. Therefore, the request for trigger point injections is not medically necessary.