

<b>Case Number:</b>	CM15-0045981		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/26/2015
<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: Preventive Medicine, Occupational 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 55 year old male correctional officer who sustained a work related injury on February 28, 2010, after ongoing cumulative trauma at his employment. He was diagnosed with chronic cervical, thoracic and lumbar sprain, left shoulder impingement syndrome, and polyarthralgias. Left shoulder Magnetic Resonance Imaging (MRI) revealed bursitis. Comorbid conditions include obesity (BMI 36.0). Magnetic Resonance Imaging (MRI) of the lumbar spine showed L4-5 spondylolisthesis with hypertrophic facet changes and L5 disc protrusion resulting in mild spinal stenosis and moderate right neuroforaminal narrowing. Electromyogram studies revealed cervical radiculopathy. Treatment included anti-inflammatory drugs. He underwent a surgical arthroscope on the shoulder. Currently, the injured worker complained of persistent back pain and spasms. The treatment plan that was requested for authorization included a lumbar facet injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1, 309. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations Source: <http://www.guideline.gov/content.aspx?id=45379#Section420>.

**Decision rationale:** Lumbar facet injections are an option in the treatment of pain caused by facet inflammation. The ACOEM guidelines point out its use is primarily of diagnostic benefit as there is inadequate evidence-based support for its use therapeutically. The American Society of Interventional Pain Physicians also notes good evidence to support its use as a diagnostic modality but note only fair evidence to support its therapeutic use. However, it only recommends the therapeutic use of facet injections for use after the appropriate diagnosis with controlled diagnostic lumbar facet joint blocks. The request for this procedure does not specifically differentiate whether it is for diagnostic or therapeutic benefit. Even though this procedure would be appropriate for diagnostic purpose, the provider did not state this as his reason for requesting it. Medical necessity for the therapeutic use of this procedure has not been established.