

<b>Case Number:</b>	CM15-0082236		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 1/10/2011. Diagnoses include acquired spondylolisthesis, sciatica, thoracic spondylosis, lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration and lumbosacral spondylosis. Treatment to date has included diagnostics including computed tomography (CT) scan, left L5-S1 transforaminal epidurogram (11/07/2014), medications and injections including epidural and facet injections. Per the Primary Treating Physician's Progress Report dated 4/15/2015, the injured worker reported that injections have provided 90% symptomatic improvement in the past. Physical examination revealed lower lumbar tenderness over the lower lumbar facet and positive straight leg raise with sciatic notch tenderness. The plan of care included injections and authorization was requested for bilateral L4-5, L5-S1 facet injections, and bilateral L5 transforaminal epidural steroid injections with conscious sedation and fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5, L5-S1 facet injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Low Back Procedure Summary Online Version last updated 04/15/2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)- Facet joint diagnostic blocks (injections).

**Decision rationale:** Bilateral L4-5, L5-S1 facet injection is not medically necessary per the ACOEM and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The documentation indicates physical exam findings of radicular symptoms therefore facet injections are not medically necessary.

**Bilateral L5 Transforaminal Epidural Steroid Injection with conscious sedation and fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)- Page(s): 46.

**Decision rationale:** Bilateral L5 Transforaminal Epidural Steroid Injection with conscious sedation and fluoroscopy is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation indicates that the patient has had prior epidural steroid injections at L5 bilaterally without evidence of reduction of medication use for six to eight weeks. Therefore the request for epidural steroid injection is not medically necessary.