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| <b>Case Number:</b>   | CM15-0238369 |                              |            |
| <b>Date Assigned:</b> | 12/15/2015   | <b>Date of Injury:</b>       | 11/07/2012 |
| <b>Decision Date:</b> | 01/22/2016   | <b>UR Denial Date:</b>       | 12/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/07/2015 |

### 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: Emergency 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 female, who sustained an industrial injury on 11-7-2012. Medical records indicate the worker is undergoing treatment for lumbago and lumbar degenerative disc disease. A recent progress report dated 11-17-2015, reported the injured worker complained of low back pain, radiation to the leg. Physical examination revealed a normal motor examination and intact sensation in all dermatomes. Lumbar magnetic resonance imaging showed mild degenerative changes with no disc protrusions. Treatment to date has included physical therapy and medication management. The physician is requesting Injection lumbar facet injection; lumbar 4-5, lumbar 5-sacral 1 with sedation. On 12-1-2015, the Utilization Review non-certified the request for Injection lumbar facet injection; lumbar 4-5, lumbar 5-sacral 1 with sedation. An operative report dated 10/2/15 reports a lumbar facet injections for unknown reason. Progress note dated 11/23/15 claims that patient still requires a facet injection with nothing mentioned about injection done on 10/2/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection lumbar facet injection; L4-5, L5-S1 with sedation quantity: 1: 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), Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Facet Joint diagnostic blocks (injections) Low back: Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** It is unclear if this request is for a new facet block or a retrospective request for approval. It is also unclear if the provider is doing this injection for diagnostic or "therapeutic" reasons. Either way, this request is not medically necessary. As per ACOEM Guidelines, facet medial branch blocks may be considered for diagnostics purpose in preparation for cervical neurotomies. The evidence to support neurotomies in lumbar region is poor. Official Disability Guidelines were reviewed for more specific criteria. Patient does not meet criteria for recommend facet joint diagnostic blocks. ODG criteria is procedure is limited to patient with low back pain that is non-radicular and no more than 2 levels bilaterally. Documented exam is very poor and does not provide an exam consistent with facet related pain. There is no provided imaging to support claim of facet related pain. The request for sedation for unknown reason also automatically invalidates the results for diagnostic injection. If this was done for "therapeutic" reasons, ODG considered therapeutic blocks experimental. This request is also not valid since guidelines do not recommend routine sedation for simple procedures without good rationale. This request for lumbar facet injection for unknown reason is not medically necessary.