

<b>Case Number:</b>	CM14-0110872		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/03/2002
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old female who reported an injury on 10/03/2002. The injury reported was when the injured worker was struck by a vehicle. The diagnoses included facet joint syndrome, status post left above knee amputation, neurogenic stump pain, neuroma, and phantom limb pain. The previous treatments included medication, lumbar facet injections, and neurolysis at L4-5 and L5-S1 surgeries. Within the clinical note dated 04/17/2014, it was reported the injured worker complained of low back pain. She rated her pain 6/10 - 7/10 in severity. She described the pain as shooting, aching, burning, sharp sensation. The injured worker complained of a lot of stump pain. She rated the pain of her left stump 7/10 in severity with shooting, burning sensation. She complained of neck and bilateral shoulder pain rated 7/10 in severity. Upon the physical examination, the provider noted the injured worker has positive discomfort with palpation of the stump. The provider noted the injured worker had left upper extremity motor strength 4/5 left shoulder and bicep positive Spurling's test. The provider requested facet injections or possible radiofrequency. However, a rationale was not provided for clinical review. The Request For Authorization was not provided for the clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Facet Injectons L4-L5 and L5- S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation ODG: Low Back- Lumbar and Thoracic (Acute and Chronic) chapter, Facet Joint Injections, Lumbar; ODG Neck chapter and ODG Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet diagnostic Block.

**Decision rationale:** The request for bilateral facet injections at L4-5 and L5-S1 is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine note facet injections are not recommended. There is limited research based evidence of patients with low back pain. In addition, the Official Disability Guidelines recommend that the clinical presentation should be consistent with facet joint pain signs and symptoms. The guidelines note facet injections are limited to patients with cervical pain/lumbar pain that is nonradicular and at no more than 2 levels bilaterally. The guidelines recommend there should be documented evidence of failure of conservative treatment to include home exercise, physical therapy, and NSAIDS, and no more than 2 joint levels should be injected in 1 session. There is lack of documentation indicating the injured worker had tried and failed on conservative treatment. There is lack of documentation indicating facet pain and there is lack of documentation of an adequate neurological exam. There is lack of objective findings of facet mediated pain. Therefore, the request is not medically necessary.