

<b>Case Number:</b>	CM14-0124747		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/12/2006
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Occupational Medicine 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:

This is a 63 year old male with a date of injury 7/12/06. The mechanism of injury was a fall of approximately 8-10 feet from a ladder. The patient complained of chronic lower back pain, as well as psychological symptoms of anxiety and depression secondary to the injury of 7/12/06. The most recent physician progress note (date not visible) indicated that the patient had completed 8 sessions of aqua therapy, with improvement shown. The physical examination revealed decreased range of motion (to 20-degrees) in lumbar extension. A Physical Therapy progress note dated 8/18/14 described overall less pain and improved function. The range of motion testing revealed improvement in lumbar spine extension over time, from 15-degrees to 20-degrees. A psychological assessment dated 8/13/14, described psychological issues resulting from the patients injuries, as well as his chronic ongoing pain disorder. The patient's diagnoses included chronic low back pain, lumbar degenerative disc disease. Depressive Disorder, Anxiety Disorder, and Pain disorder Associated with Both Psychological Factors and a General Medical Condition subsequent to his work related injuries. Significant Diagnostic Tests: An MRI of the lumbar spine dated 6/13/14 revealed bilateral facet arthropathy at the L3-4, L4-5, and L5-S1 levels, causing central and foraminal stenosis. Treatment to date: chiropractic, acupuncture, aqua therapy. An adverse determination was received on 7/9/14 due to a lack of indication of facet joint injections in the treatment of low back pain disorders. In addition, no more than 2 facet joint levels are injected in one session, and the use of IV sedation may be grounds to negate the results of a diagnostic block. However, the request was modified as the guidelines support up to 2 levels of injection, and the patient had MRI evidence of facet arthropathy at L4-5 and L5-S1, hence those two levels were considered acceptable for injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right side L3-4, L4-5, and L5-S1 Lumbar Facet Injections (under sedation using Fluoroscopy guidance): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG (Low Back Chapter-Facet Injections)).

**Decision rationale:** The MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. This patient presented with chronic, non-radicular lower back pain. The physical examination revealed limited extension of the lumbar spine, although the PT records indicate that the extension had improved over time. There is MRI evidence of facet arthropathy at 3 levels; however, MTUS guidelines indicate that no more than 2 facet joint levels are injected in one session. Furthermore the use of IV sedation may be grounds to negate the results of a diagnostic block, and should be done only in cases of extreme anxiety. Although the request for Lumbar facet Injections (under sedation using Fluoroscopy guidance) was considered not to meet guideline criteria, the UR report opted for modification. Since the guidelines support up to 2 levels of injection, and the patient had MRI evidence of facet arthropathy at L4-5 and L5-S1, those two levels were considered acceptable for injection. Therefore, the request for Decision for Right side L3-4, L4-5, and L5-S1 Lumbar Facet Injections (under sedation using Fluoroscopy guidance) as submitted was not medically necessary.

**Left side L3-4, L4-5, and L5-S1 Lumbar Facet Injections (under sedation using Fluoroscopy guidance): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter-Facet Injections).

**Decision rationale:** The MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. This patient presented with chronic, non-radicular lower back

pain. Physical examination revealed limited extension of the lumbar spine, although the PT records indicate that the extension had improved over time. There is MRI evidence of facet arthropathy at 3 levels; however, the MTUS guidelines indicate that no more than 2 facet joint levels are injected in one session. Furthermore the use of IV sedation may be grounds to negate the results of a diagnostic block, and should be done only in cases of extreme anxiety. Although the request for Lumbar facet Injections (under sedation using Fluoroscopy guidance) was considered not to meet guideline criteria, the UR report opted for modification. Since the guidelines support up to 2 levels of injection, and the patient had MRI evidence of facet arthropathy at L4-5 and L5-S1, those two levels were considered acceptable for injection. Therefore, the request for Decision for Left side L3-4, L4-5, and L5-S1 Lumbar Facet Injections (under sedation using Fluoroscopy guidance) as submitted was not medically necessary.