

<b>Case Number:</b>	CM14-0129722		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 35-year-old male with a reported injury on 05/22/2012. The mechanism of injury was due to cumulative trauma of repetitive task working as a police officer. His diagnoses included L5-S1 disc collapse, left sub articular stenosis at L5-S1, left foraminal herniation at L4-5 and status post ALIF at L5-S1 with a disc arthroplasty (Note in file states arthroplasty) at L4-5, chronic intermittent low back pain and left leg radiculopathy. The injured worker has had previous injections without relief, physical therapy and aqua therapy. The injured worker did have a fusion at the L5-S1 level and a disc arthroplasty at the L4-5 level. The injured worker had an examination on 08/12/2014 with complaints of low back pain with occasional radiation. He was trying to reduce the strength and the amount of his medications. He reported that his pain was worse after physical therapy. Upon examination, tests revealed that the injured worker had arthralgia and myalgia. The injured worker did have an MRI on 02/27/2014 there was no corroboration of radiculopathy. The injured worker also had an EMG/NCS on 04/10/2014, the findings were normal bilaterally. The injured worker had a CT of the lumbar spine on 07/07/2014 that did not show stenosis or radiculopathy. On the musculoskeletal it was noted that he had a normal gait. There was a lack of evidence of motor strength, decreased sensation, decreased reflexes and S/L neural deficits. The list of medications includes oxycodone. The recommended plan of treatment was for him to renew his medication. The rationale was not provided. The Request for Authorization was signed and dated 07/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lumbar facet injection, under fluoroscopy L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injections, facet joint diagnostic blocks.

**Decision rationale:** The ACOEM Guidelines do not recommend therapeutic facet injections for acute, sub-acute, or chronic low back pain. The Official Disability Guidelines recommend medial branch blocks are required with a response of greater than 70% and the pain response should last at least 2 hours for the lidocaine. It should be limited to patients with low back pain that is no radicular and at no more than 2 levels bilaterally and there is documentation of failure of conservative treatments to include home exercise program, physical therapy and NSAIDS prior to the procedure for at least 4 to 6 weeks. The Official Disability Guidelines recommend medial branch blocks prior to a facet neurotomy. There was a lack of evidence of the previous treatment that was greater than 70% and that the injured worker did mention that the previous injections were without relief. There also was a lack of evidence of conservative treatments to include home exercise programs, physical therapy and NSAIDS prior to the procedure for at least 4 to 6 weeks. The guidelines also recommend the documentation of pain relief with an instrument such as a VAS and emphasizing the importance of recording the maximum pain relief and maximum duration of pain. There was a lack of a VAS provided. There is lack of evidence to support the medical necessity of a left lumbar facet injection under fluoroscopy. Therefore, the request for the left lumbar facet injection is not medically necessary.

**Right lumbar facet injection, under fluoroscopy L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** The ACOEM Guidelines do not recommend therapeutic facet injections for acute, sub-acute, or chronic low back pain. The Official Disability Guidelines recommend medial branch blocks are required with a response of greater than 70% and the pain response should last at least 2 hours for the lidocaine. It should be limited to patients with low back pain that is no radicular and at no more than 2 levels bilaterally and there is documentation of failure of conservative treatments to include home exercise program, physical therapy and NSAIDS prior to the procedure for at least 4 to 6 weeks. The Official Disability Guidelines recommend medial branch blocks prior to a facet neurotomy. There was a lack of evidence of the previous treatment that was greater than 70% and that the injured worker did mention that the previous injections were without relief. There also was a lack of evidence of conservative treatments to include home exercise programs, physical therapy and NSAIDS prior to the procedure for at

least 4 to 6 weeks. The guidelines also recommend the documentation of pain relief with an instrument such as a VAS and emphasizing the importance of recording the maximum pain relief and maximum duration of pain. There was a lack of a VAS provided. There is lack of evidence to support the medical necessity of a right lumbar facet injection under fluoroscopy. Therefore, the request for the right lumbar facet injection is not medically necessary.