

<b>Case Number:</b>	CM14-0135930		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 48 year-old male who reported a work related injury on 03/16/2009. The mechanism of injury was sustained due to lifting a box of apples about seven feet up. The diagnoses consist of lumbar facet arthropathy, bilateral elbow epicondylitis, and migraines. The past treatment has included epidural steroid injections, exercise, physical therapy, manipulations, acupuncture, and medication, and a previous lumbar facet injection. There was a MRI of the lumbar spine performed over 2 years ago. The findings of the MRI were not reported in the documentation provided for review. The documentation stated there was no known surgical history. Upon examination on 05/29/2014, it was noted that the injured worker had been experiencing back pain for 5 years. He described the pain as aching, with numbness and shooting. The pain was stated to radiate to his back. On the VAS pain level he rated his pain as an 8/10 on his worse days and a 6/10 on good days. The prescribed medications were Tramadol, Tizanidine, and Meloxicam. The treatment plan consisted of a MRI of the lumbar spine, physical therapy, initial trial of acupuncture, a brace, medication, and facet injections. The rationale for the request and the request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet injection, unknown level(s): 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), Low Back Chapter, Facet Joint Diagnostic Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint pain, signs and symptoms & Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, invasive techniques such as facet joint injections are of questionable merit. More specifically, the Official Disability Guidelines state that facet joint dysfunction is identified by tenderness to palpation in the facet region, normal sensory findings, absence of radicular symptoms, and normal straight leg raise exam. In regard to therapeutic facet injections, the guidelines state no more than 2 facet joint levels are injected in one session. However, there is no documentation supporting facet mediated pain or a neurologic examination to rule out radicular findings. The injured worker had a facet injection in the past with good results and was recommended for a radiofrequency ablation which never occurred. In the treatment plan, the provider requested a medial branch facet injection at L4-5 and L5-S1; however, the submitted request does not specify the level to be injected, does not indicate that the medial branch is to be injected for diagnostic purposes, and is only for 1 level. Therefore, clarification is needed regarding the request. Based on this, and as the guidelines do not support more than one facet injection, the request for lumbar facet injection, unknown level(s) is not supported. As such, the request is not medically necessary.