

<b>Case Number:</b>	CM14-0143970		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 69-year-old male who reported an injury on 12/04/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar back pain, facet arthropathy, hand osteoarthritis, knee internal derangement, hip osteoarthritis, and sciatica. Past medical treatment consists of medial branch blocks, physical therapy, medication therapy, and lumbar spine surgery. On 10/10/2013, the injured worker underwent a CT of the lumbar spine, which revealed that the injured worker had severe diffuse vertebral body height loss and severe facet arthropathy with ligamentum flavum thickening at the L4-5. It was noted that there was also severe bilateral foraminal narrowing identified, and there was mild central stenosis. It was also noted that the L5-S1 had a broad disc osteophyte and severe facet arthropathy. This results in moderate central canal narrowing and severe bilateral foraminal narrowing. On 09/17/2014, the injured worker complained of back pain. There were no physical examination findings regarding the injured worker's lumbar spine. Treatment plan is for the injured worker to undergo bilateral L5-S1 facet joint injections. The rationale and 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:

**Bilateral L4-5 facet joint injection:** 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 Chapter, Facet Joint Medial Branch Blocks (Therapeutic 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 Diagnostic Block.

**Decision rationale:** The request for Bilateral L4-5 facet joint injection is not medically necessary. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may benefit a patient presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further states that criteria for the use of diagnostic blocks is limited to patients with pain that is non-radicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment (including home exercise, physical therapy, and NSAID therapy) prior to the procedure for at least 4 to 6 weeks. The submitted documentation had absence of sensory examination and evidence of straight leg raise. Additionally, there was no indication in the submitted documentation that the injured worker had trialed and failed conservative care treatment. It was noted on the CT scan dated 10/10/10213 that the injured worker had severe facet arthropathy in the L4-5 and L5-S1 levels. However, the request as submitted did not specify how many injections the provider was requesting. Given the above, and the lack of documentation submitted for review, the injured worker not within recommended guideline criteria. As such, the request is not medically necessary.

**Bilateral L5-S1 facet joint injection:** 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 Chapter, Facet Joint Medial Branch Blocks (Therapeutic 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 Diagnostic Block.

**Decision rationale:** The request for Bilateral L5-S1 facet joint injection is not medically necessary. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may benefit a patient presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further states that criteria for the use of diagnostic blocks is limited to patients with pain that is non-radicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment (including home exercise, physical therapy, and NSAID therapy) prior to the procedure for at least 4 to 6 weeks. The submitted documentation had absence of sensory examination and evidence of straight leg raise. Additionally, there was no indication in the submitted documentation that the injured worker had trialed and failed conservative care treatment. It was noted on the CT scan dated 10/10/10213 that the injured worker had severe facet arthropathy in the L4-5 and L5-S1 levels. However, the request as submitted did not specify how many injections the provider was requesting. Given the

above, and the lack of documentation submitted for review, the injured worker not within recommended guideline criteria. As such, the request is not medically necessary.