

<b>Case Number:</b>	CM14-0149470		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work-related injury occurring on 08/20/12 when she had pain while lifting a suitcase onto a shuttle bus with injury to the low back. She has a history of a prior disc injury. Treatments included injections, medications, and physical therapy. As of July 2013 she had returned to unrestricted work. She was seen on 09/24/13 and was having constant left lower pelvic and lumbosacral junction pain radiating to the sacroiliac joint and into the right leg. She had groin pain when sitting. Pain was rated at 6/10. Physical examination findings included a straightening of the spine. There was right lumbar paraspinal muscle spasm and right low back, sacroiliac joint, and groin tenderness. She had decreased lumbar spine range of motion. Imaging results were reviewed. On 12/27/13 the claimant underwent bilateral multilevel transforaminal epidural injections and bilateral L5-S1 facet injections. She was seen on 07/22/14. She was having right sided back pain extending across the back. Physical examination findings included right sacroiliac joint tenderness and tenderness at L5-S1. Celebrex was prescribed and an MRI was requested. On 08/13/14 MRI results were reviewed. These had shown disc collapse at L5-S1 with a central disc herniation. She was having back pain increased when bending forwards. Authorization for L5-S1 facet injections and bilateral lumbar transforaminal epidural injections was requested. Prior injections are referenced as having provided three months of 80% pain relief Medications were Norco 10/325 mg, Diclofenac ER, Hydrocodone/Acetaminophen 7.5/500 mg, Vivelle, and vitamins.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 Facet Injection (Quantity 1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 174-175;187; 300; 179-180.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for chronic low back pain. Prior treatments have included a combined epidural steroid injection and facet injection procedure with reported benefit. When seen by the requesting provider she had increased pain with lumbar flexion. One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments in order to determine whether specific interventions targeting the facet joint are recommended. In this case, pain is reported as increased with lumbar flexion which would not be consistent with facet mediated pain and would not meet the above criteria. Additionally, the claimant has already undergone one previous facet injection. The request is not medically necessary.

**Left L5-S1 Facet Injection (Quantity 1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for chronic low back pain. Prior treatments have included a combined epidural steroid injection and facet injection with reported benefit. When seen by the requesting provider she had increased pain with lumbar flexion. One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments in order to determine whether specific interventions targeting the facet joint are recommended. In this case, pain is reported as increased with lumbar flexion which would not be consistent with facet mediated pain and would not meet the above criteria. Additionally, the claimant has already undergone one previous facet injection. The request is not medically necessary.