

<b>Case Number:</b>	CM14-0186086		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 35 year old female with an injury date of 12/30/13. Per physician's progress report dated 10/21/14, the patient complains of lower back pain accompanied by insomnia, headaches and depression. Her pain level is at 2-3/10 on the right side with medication. The pain on the left side is rated at 5/10 without medication and 4-7/10 with medication. Bending, sitting and lifting worsen the pain. Physical examination reveals mild tenderness in the paraspinal muscles bilaterally, with reduced tenderness on the right side and mild tenderness at the left facet. There is pain with extension. As per progress report dated 09/23/14, the patient experiences aching, stabbing lower back pain with less pain and paresthesias in the lower extremities. The pain is 8-9/10 before medications and 4-5/10 after medications. Physical examination reveals diminished sensation in right anterior and posterior leg. Progress report from 08/21/14 reveals that the lower back pain and buttocks radiates to the lower extremities, primarily to the right. There is numbness lateral and posterior right lower extremity. The patient rates her pain as 10/10 without medication and 5/10 with medication. The patient had L3-4, L4-5 and L5-S1 facet joint injections on the RIGHT side on 10/07/14, as per progress report dated 10/21/14. Her current medications, as per the same report, include Cyclobenzoprine, Narpxen Sodium, Omeprazole, and Tramadol. Medications, as per progress report dated 09/23/14, allow her "walk and take care of her home and family." The patient completed chiropractic therapy, as per progress report dated 08/19/14. It was helpful initially but irritated her mid back later. Electrodiagnostic studies carried out during the visit did not reveal radiculopathy, as per progress report dated 08/21/14. Diagnosis, 10/21/14- Low back pain- Myofascial pain- Leg pain, right- Numbness- Lumbar facet syndrome. The treating physician is requesting for LUMBAR FACET INJECTIONS, LEFT L3-L4, L4-L5 AND L5-S1 UNDER FLUOROSCOPIC GUIDANCE AND

CONSCIOUS SEDATION. The utilization review determination being challenged is dated 10/30/14. The rationale was "There is no documentation of the rationale for the levels selected." Treatment reports were provided from 04/28/14 - 10/21/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar facet injections, left L3-L4, L4-L5 and L5-S1 under fluoroscopic guidance & conscious sedation:** Overturned

**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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter

**Decision rationale:** The patient presents with lower back pain rated at 2-3/10 on the right side with medication. The treating physician is requesting for lumbar facet injections, left L3-L4, L4-L5 AND L5-S1 under fluoroscopic guidance and conscious sedation. The pain on the left side is rated at 5/10 without medication and 4-7/10 with medication. The patient had L3-4, L4-5 and L5-S1 facet joint injections on the RIGHT side on 10/07/14, as per progress report dated 10/21/14, and "got significant relief." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The ACOEM guidelines, chapter 12, state "Repeated diagnostic injections in the same location(s) are not recommended." In this case, the physical examination reveals tenderness in the paraspinal muscles bilaterally, with reduced tenderness on the right side and mild tenderness at the left facet, per progress report dated 10/21/14. Sensation is intact. Progress report from 08/21/14 reveals that the lower back pain and buttocks radiates to the lower extremities, primarily to the right. However, electrodiagnostic studies carried out during the visit did not reveal radiculopathy, as per progress report dated 08/21/14. Straight leg raising is negative. Also, the patient benefited "significantly" from facet joint injections on the RIGHT side. The treating physician states, in progress report dated 10/21/14, that "the goal of the injections is to reduce that patient's pain and improve their function. The injection can also be diagnostic in helping identify whether the facets are, indeed, pain generators." Since this goal cannot be achieved medication alone, the request is medically necessary and appropriate.