

<b>Case Number:</b>	CM14-0186710		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 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 43 year-old male with a date of injury of June 7, 2013. The patient's industrially related diagnoses include lumbosacral strain, herniated disc, L5-S1, and degenerative disc disease L4-L5 and L3-L4. The injured worker had an EMG/NCV on 5/27/2014 and a lumbar epidural injection on 7/11/2014. The disputed issues are lumbar facet injection at L3-L4, L4-L5 and L5-S1 and medical clearance. A utilization review determination on 10/22/2014 had non-certified these requests. The stated rationale for the denial was: "The patient has pain with extension. However, there are no additional objective findings consistent with symptomatic facet arthropathy or hypertrophy, such as a positive facet loading maneuver or facet tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient lumbar facet injection at L3-L4, L4-L5 and L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Injections Topic

**Decision rationale:** In regard to the request for lumbar facet injections to L3-L4, L4-L5, and L5-S1, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. However, the guidelines found in the California Medical Treatment and Utilization Schedule and ACOEM supersede other guidelines in the Independent Medical Review process. In the submitted medical records available for review, there are no recently documented objective examination findings supporting a diagnosis of facetogenic pain such as tenderness to palpation over the lumbar facets. Furthermore, there is no documentation that the injured worker is at the transitional phase between acute and chronic pain (the injured worker's date of injury was on 6/7/2013, and this is a long-standing issue). Given the guidelines, the request for lumbar facet injections to L3-L4, L4-L5, and L5-S1 is not medically necessary.

**Medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG)

**Decision rationale:** In regard to the request for "medical clearance", guidelines do not contain criteria for general medical clearance. Guidelines do contain criteria for preoperative EKG and lab testing. California MTUS and ACOEM are silent regarding these issues. ODG recommends electrocardiogram prior to surgery for patients undergoing high-risk surgery or patients undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Preoperative lab testing is recommended for patients undergoing invasive urologic procedures, patients with underlying chronic disease or taking medications which predispose them to electrolyte abnormalities or renal failure, glucose testing for patients with diabetes, complete blood count for patients with diseases which increased anemia risk or in whom a significant perioperative blood loss is anticipated, and coagulation studies for patients with a history of bleeding or medical condition which puts them at risk of bleeding condition. In the submitted medical records available for review, none of these things have been documented. Furthermore, the request for lumbar facet injections was not found to be medically necessary. Therefore, the currently requested "medical clearance" is not medically necessary.