

<b>Case Number:</b>	CM14-0083490		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old female who was injured on 5/8/2013 after lifting heavy boxes. She was diagnosed with low back pain, lumbar strain, and lumbosacral radiculopathy. She was treated with physical therapy, oral medications, and chiropractor treatments. On 4/25/2014, the worker was seen by her treating pain management physician complaining of constant low back pain with lateral radiation towards hips. She reported using ibuprofen only for her pain. Physical examination findings included decreased range of motion and tenderness of the lumbar area, positive lumbar facet loading bilaterally, and a normal straight leg raise test. She was then recommended lumbar facet joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of three Lumbar L4/5 and L5/S1 facet joint injections:** 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, facet joint pain/injections

**Decision rationale:** The ODG discusses the criteria for the use of therapeutic facet joint block injections: 1. No more than one injection at one time, 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, 3. If previously successful (pain relief of 70% or greater, plus pain relief of 50% or greater for a duration of at least 6 weeks), a medial branch diagnostic block and subsequent neurotomy may be considered, 4. No more than 2 joint levels may be blocked at any one time, and 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In the case of this worker, it is unclear if the proposed facet joint injections were to be considered "diagnostic" or not. If not, then a diagnostic block is required before treating with a therapeutic block. More clearly, however, was the request for a "series of three" in the lumbar area, which is not recommended. Also, there was no documentation of the plan following the injections, including physical modalities, which is also required. Therefore, the series of three lumbar facet joint injections is considered not medically necessary as requested.