

<b>Case Number:</b>	CM14-0098189		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 54-year-old female who sustained an injury on 10/15/13 when she hurt her back and neck while preventing a recipient from slipping while exiting a car. CT scan of lumbar spine and MRI of lumbar spine dated 1/16/14 revealed significant disc damage and settling at the levels of L4-L5 and L5-S1 and facet joint arthritis at L3-4 causing mild lateral recess stenosis, facet joint arthritis with annular disk bulging at L4-5 causing mild lateral recess stenosis more so on the right side. Electromyography done on 08/07/14 revealed some evidence of sensory polyneuropathy. She received Toradol injections with some benefit. As per the most recent evaluation, the patient presented with low back and neck pain; she rated her pain as 8/10 and sometimes 10/10. She felt that medications helped her to bear the pain. Lower extremity exam showed that plantarflexors and dorsiflexors were quite weak on the left leg and were rated at 4/5 compared to the right side. Diagnoses: Lumbar disc disease and cervical disc disease. She is on tramadol ER, hydrocodone bit/APAP, naproxen, cyclobenzaprine, and pantoprazole. The request for Outpatient Facet Block Injections at L4-L5 and L5-S1 bilateral times one (1) by [REDACTED] was denied on 06/17/14 as the medical necessity for this treatment has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Facet Block Injections L4-L5 and L5-S1 bilateral times:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines; Facet Injections

**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.

**Decision rationale:** CA MTUS /ACOEM do not address the issue. According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway: No more than one therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive), when performing therapeutic blocks, no more than 2 levels may be blocked at any one time. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In this case, there is limited clinical evidence of facet arthropathy. There is no evidence of a formal plan for exercise or activities in addition to facet block. As such, the request is considered not medically necessary per guidelines and due to lack of documentation.