

<b>Case Number:</b>	CM14-0218880		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	07/08/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 49 year old male, who sustained an industrial injury on 7/8/12. He was a baggage handler for a major airline. He was moving some bags to a car and felt pain in his low back and after developed pain, numbness and tingling to the right leg. The diagnoses have included lumbago, lumbar sprain, sciatica, lumbar disc displacement, and disorders of the sacrum. MRI of lumbar spine dated 9/6/12 showed left lateral disc protrusion at L4-5 and foraminal narrowing. Treatments to date have included medications of Ibuprofen and Bengay ointment, an epidural steroid injection on 7/24/13 and 1/28/14, and physical therapy. The injured worker then suffered another industrial injury on 6/4/13. He was noticing worsening of low back pain and right leg pain when he was carrying some bags down some steps, lost his balance and fell. He had worsening back pain. Currently, the injured worker complains of persistent back pain that worsens with extension or rotation. On physical exam muscle strength is 5/5 in all extremities and he continues to work. Request for diagnostic facet injection was requested and denied. On 11/21/14, Utilization Review non-certified a request for bilateral lumbar facet joint injections at L4-5 and L5-S1, 2nd level, each additional level, with fluoroscopic guidance and IV sedation noting the injured worker states radicular pain with radiation down the lower extremity. He was recently treated with an epidural steroid injection. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar facet joint injection at L4 - L5 and L5 - S1, 1st level, 2nd level, each additional level, with fluoroscopic guidance and intravenous sedation:** Upheld

**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, Facet Joint Injection Section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309 (Table 12-8), Chronic Pain Treatment Guidelines Sclerotherapy (prolotherapy) Page(s): 105.

**Decision rationale:** According to the MTUS guidelines, American College of Occupational and Environmental Medicine Chapter on Low Back Complaints, invasive techniques, such as local injections and facet-joint injections of cortisone and lidocaine, are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with radiculopathy, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. According to ACOEM guidelines, facet joint injections, however, are not recommended for low back pain. Furthermore, the request for facet joint injection may be considered a form of prolotherapy, a method of injecting an irritant into an intra-articular space in an effort to induce healing. Prolotherapy has no proven value via well-controlled, double blind studies and may actually have harmful effects, and is not recommended. The request as written for bilateral lumbar facet joint injection at L4 - L5 and L5 - S1, 1st level, 2nd level, each additional level, is not supported by the MTUS and is therefore not medically necessary.