

<b>Case Number:</b>	CM15-0001506		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/12/2007
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 50 year old male who originally sustained an industrial injury on 01/12/2007 and is status post a prolonged course of therapy including an L4-5 posterior fusion and anterior fusion with placement of a cage device. He has ongoing low back pain that varies in intensity. The injured worker also underwent two separate nerve block injections, but continues to have pain in the left groin region. The injured worker also previously underwent bilateral L5-S1 facet/medial branch nerve injections under fluoroscopic guidance multiple times, with some temporary improvement in symptoms each time. The treating physician requested repeat diagnostic bilateral L5-S1 facet medial branch nerve injection, with possible plan for radiofrequency ablation if positive results were achieved from the injection. This was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic bilateral L5-S1 facet medial branch nerve injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks Section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 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. Per the available records, the requested procedure was intended to evaluate the injured worker for possible radiofrequency ablation. There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies may be considered only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The injured worker has actually had the requested diagnostic procedure performed twice with positive results noted by the treating physician immediately after the procedure, although follow-up documentation of ongoing relief was lacking. The benefit of repeating the diagnostic test a third time is unclear. Therefore, the request as written for diagnostic bilateral L5-S1 facet medial branch nerve injection is not supported by the MTUS and is therefore not medically necessary.