

<b>Case Number:</b>	CM15-0005461		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2015

### 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: Physical Medicine & Rehabilitation

### 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 24-year-old male who reported an injury on 10/25/2013. The mechanism of injury was not provided in the medical records. He is diagnosed with low back pain and lumbar radiculitis/radiculopathy. His past treatments were noted to include medications, chiropractic treatment, and physical therapy. The 12/12/2014 clinical note indicated that the injured worker was seen for his monthly medication management appointment. He reported chronic right sided low back pain. His medications included tramadol and Naproxen. He was also noted to have radiating symptoms down the right lower extremity and rated his pain 3/10. The physical examination revealed normal motor strength, sensation, and reflexes in the bilateral lower extremities. It was noted that bilateral L4-5 and L5-S1 facet injections were recommended to be given under IV sedation. However, the submitted documentation did not include a specific rationale for the facet injections nor the IV sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5, L5-S1 lumbar facet injections with IV sedation outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187-191; 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, invasive procedures, such as facet joint injections, are of questionable merit; however, many pain physicians believe that diagnostic and/or therapeutic injections are beneficial. More specifically, the Official Disability Guidelines state therapeutic facet joint injections may be recommended for patients with a clinical presentation consistent with facet joint pain, which includes a normal sensory examination and negative straight leg raising, and tenderness to palpation in the paravertebral areas over the facet region. The guidelines also state only 1 therapeutic intra-articular block is recommended; there should be no evidence of radicular pain, spinal stenosis, or previous fusion, and there should be evidence of formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. The clinical information submitted for review indicated that the injured worker had primarily axial low back pain with some radiating symptoms down the right lower extremity. He had a normal neurological examination. However, the physical examination did not reveal evidence of tenderness to palpation over the facets at L4-5 and L5-S1. Additionally, the documentation did not clearly evidence of a formal plan of evidence based activity and exercise for the injured worker to participate in following facet joint injection therapy. Therefore, the requested facet joint injections are not supported. Additionally, the rationale for the requested IV sedation was not clearly indicated and there was no documentation that the injured worker had significant anxiety or needle phobia. For the reasons noted above, the request is not medically necessary.