

<b>Case Number:</b>	CM15-0012688		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/15/2000
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 53 year old male with an industrial injury dated 09/15/2000 from loss of balance and wrenching forward. His diagnoses include sciatica and displacement of lumbar intervertebral disc without myelopathy. Recent diagnostic testing has included MRI of the lumbar spine (10/25/2014) showing height loss and disc bulging at multiple levels and electrodiagnostic testing of the lower extremities (10/10/2014) showing mild to moderate decreased recruitment activity bilaterally. He has been treated with conservative care, medications, electrical stimulation, chiropractic therapy, epidural steroid injections, and surgeries to the lumbar spine (06/2004 & 08/2013). In a progress note dated 11/07/2014, the treating physician reports severe sharp pain radiating down to the right lower extremity with numbness and tingling sensation and low back pain despite treatment. The objective examination revealed weakness in the left lower extremity and decreased strength on the right, decreased sensation in the left foot and lateral right leg, and diminished reflexes bilaterally. Impression was noted as persistent bac and right lower extremity pain and sciatica with residual left lower extremity weakness. The treating physician is requesting right L4-S1 facet injections which was denied by the utilization review. On 01/06/2015, Utilization Review non-certified a request for right L4-L5 and L5-S1 facet injections, noting the absence of evidence clearly suggesting facet joint pathology and clear indication that the injured worker had previously undergone physical therapy to address the symptoms. The MTUS, ACOEM & ODG Guidelines were cited. On 01/22/2015, the injured worker submitted an application for IMR for review of right L4-L5 and L5-S1 facet injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5, L5-S1 facet injections #2:** 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 Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Low back section, Facet joint injections

**Decision rationale:** Pursuant to the ACOEM and the official disability guidelines, right L4-L5 and L5-S1 facet injections #2 are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8.8) The criteria for use of diagnostic blocks for facet-mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; etc. In this case, the injured worker's working diagnoses are herniated nucleus pulposus; stenosis; and disc degeneration/scoliosis. The documentation from a January 26, 2015 progress note shows a request for physical therapy. The criteria for facet joint injections include documentation of a failure of conservative treatment that physical therapy prior to the procedure of these 4 to 6 weeks. The injured worker has not had a recent course of physical therapy. Consequently, absent clinical documentation meeting the criteria for facet joint injections that includes documentation of failure of conservative treatment (physical therapy), right L4-L5 and L5-S1 facet injections #2 are not medically necessary.