

<b>Case Number:</b>	CM15-0016946		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/20/2012
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 29 old female who reported an industrial injury on 2/20/2012. Her diagnoses, and/or impressions, are noted to include: lumbar spine sprain/strain with synovial cyst and radiculopathy; lumbar spine facet syndrome and myofascial pain syndrome; and depression with insomnia-stable. No current imaging studies or electro diagnostic studies were noted. Trigger points impedance imaging was noted (2013 - 2014). Her treatments have included extracorporeal shock-wave therapy-lumbar; a functional capacity evaluation (6/27/14); medication management with urine toxicology screenings and genetic testing; and modified work duties. The progress notes of 10/20/2014 noted complaints that included mild lumbar spine pain on medication, and taking Hydrocodone only rarely as needed. The objective findings were noted to include positive lumbar tenderness and pain; and stable vital signs. The physician's requests for treatments were noted to include lumbosacral facet injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Facet injection L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, page 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back under facet injections.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet mediated pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005). 6. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Moreover, the California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The surgical plans in this claimant is not clear. The value of the injections is of questionable merit. Therefore, the request is not medically necessary.