

<b>Case Number:</b>	CM15-0113117		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	10/07/1989
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 64 year old male who sustained an industrial injury on 10/07/89. Initial complaints and diagnoses are not available. Treatments to date include back surgery, and bilateral L3-S1 facet injections. Diagnostic studies include a MRI of the lumbar spine on 05/14/10. Current complaints include back pain. Current diagnoses include post laminectomy syndrome of the lumbar spine, degeneration of lumbar intervertebral disc, low back pain, knee and neck pain, and lumbosacral neuritis. In a progress note dated 05/11/15 the treating provider reports the plan of care as bilateral facet injections at L3-S1, as well as medication including Avinza, gabapentin, Lidoderm patch, Senna, and Percocet. The requested treatment includes bilateral facet injections at L3-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral Lumbar Facet Injections L3-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

**Decision rationale:** Per Guidelines, medial branch/facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms with leg pain complaints, diagnosis of radiculitis s/p laminectomy syndrome. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating recent MRI results. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently (bilateral L3, L4, L5, S1 requested), or demonstrated functional improvement from previous injections as in this case. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral Lumbar Facet Injections L3-S1 is not medically necessary and appropriate.