

<b>Case Number:</b>	CM15-0116132		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	06/02/2007
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male, who sustained an industrial injury on 6/02/07. The injured worker has complaints of lumbar spine pain. The documentation noted decreased lumbar flexion and radicular pain and low back pain. The diagnoses have included spine-lumbosacral spondylosis without myelopathy. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine dated July 2011 noted multilevel degenerative changes noted L5-S1 (sacroiliac); nerve block injection; Prilosec; Anaprox; Ultram; Zanaflex; cyclobenzaprine; gabapentin and Norco; computerized tomography (CT) scan of the lumbar spine on 4/12/12 showed mild degenerative changes are present, no significant canal narrowing, no significant foraminal narrowing and no evidence of bony injury; physical therapy and home exercise program. The request was for lumbar facet joint injections L5-S1 with fluoroscopy and ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet joint injections L5-S1 with fluroscopy and ultrasound ( done in house):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (10 Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint intraarticular injections (therapeutic blocks).

**Decision rationale:** The claimant sustained a work-related injury in June 2007 and continues to be treated for low back pain. He underwent lumbar medial branch radiofrequency ablation in January and February 2014. When seen, he was having pain and stiffness. There was decreased lumbar range of motion with reference to low back and radicular pain. In this case, the claimant has already had medial branch radiofrequency ablation. A repeat neurotomy can be considered if duration of relief from the first procedure is documented for at least 12 weeks at more than 50% relief. Repeat facet joint injections would not be indicated. If intended as a therapeutic injection, there should be evidence of a formal plan of additional evidence-based activity and exercise. The above criteria are not met. Therefore, the request is considered not medically necessary.