

<b>Case Number:</b>	CM15-0120033		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Hawaii  
 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 67-year-old female with an industrial injury dated 10/13/2008. Her diagnoses included degeneration of cervical intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, neck sprain, arthropathy of lumbar facet joint, cervical disc disorder with radiculopathy, spinal stenosis in cervical region and trochanteric bursitis. Prior treatment included medications, epidural steroid injections (lumbar), rhizotomy and diagnostics. She presents on 05/28/2015 with complaints of low back and leg pain. She reports pain without medications is 9/10 and with medications, it is 8/10. She is post bilateral lumbar 2-3 epidural steroid injection and reports a decrease of 60% in pain in her left side and an increase in pain in her right side. The injured worker was able to walk a block and before the injection, she was not able to walk ¼ of a block. She still complained of lumbar pain that was most painful when she leaned back. She reports that chronic pain medication maintenance regimen, activity restriction and rest continue to keep pain within a manageable level to allow her to complete necessary activities of daily living. She reports 50% relief of neck pain from rhizotomy done in January. Her medications were Percocet, Norflex, Protonix and Gabapentin. She reports side effects of acid reflux, heartburn, sick stomach and hair loss. Physical exam revealed limited range of motion of the cervical spine. Spurling's sign was negative. Lumbar exam noted throbbing pain at lumbosacral area with extension attempt. Straight leg raise and Patrick's sign was negative. Flexion was 60% restricted, lateral bending was 60% restricted with tightness, pain and spasm and the provider was unable to do extension due to pain. Lumbar spine MRI dated 04/28/2015 showed lumbar 2-3 disc bulge. The formal report is in the submitted records.

Treatment plan included medications, facet block and follow up. The requested treatment for Percocet 10/325 mg # 90 with no refills was authorized. The request for review is lumbar 4-5 and lumbar 5-sacral 1 lumbar facet injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**L4-5 and L5-S1 lumbar facet injections:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low back, Facet joint diagnostic blocks.

**Decision rationale:** The patient presents with pain affecting the neck, low back and bilateral legs. The current request is for L4-5 and L5-S1 lumbar facet injections. The treating physician report dated 5/28/15 (30B) provides no rationale for the current request. The report states, "L3, 4, 5 and S1 facet joint and ligamentum flavum bilaterally." The report goes on to diagnose the patient with arthropathy of lumbar facet joint. The MTUS guidelines do not address facet injections. The ODG guidelines state specifically the criteria used for facet joint pain injections which include, tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings, normal straight leg raising. The medical records provided, do not show that the patient has had a facet joint injection at the L4-5, and L5-S1 levels previously. In this case, the patient presents with no radicular symptoms of the lumbar spine, a negative SLR bilaterally, and arthropathy of the lumbar facet joint. Furthermore, the patient has had at least 6 months of conservative therapy including medications, exercise, stretching, heat, ice, and rest. The current request satisfies the ODG guidelines as outlined in the low back chapter regarding facet joint injections. The current request is medically necessary.