

<b>Case Number:</b>	CM15-0120194		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	01/12/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/02/2015
<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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 20 year old male, who sustained an industrial injury on 1/12/14. He has reported initial complaints of lumbar spine injury. The diagnoses have included lumbar sprain/strain, lumbar herniated nucleus pulposus (HNP), left sided radiculopathy, and facet arthropathy. Treatment to date has included medications, physical therapy, chiropractic, lumbar epidural steroid injection (ESI), and home exercise program (HEP). Currently, as per the physician progress note dated 10/17/14, the injured worker complains of low back pain that has increased in intensity of pain since the last visit. The pain radiates to the left hip and down the left lower extremity (LLE) to the foot and toes with numbness and tingling. He notes giving way of the left leg, stiffness and tightness of the back and sleep disturbance due to pain. The physical exam of the lumbar spine reveals decreased range of motion, straight leg raise test produces low back pain, there is tenderness to palpation, there is palpable spasm, there is decreased sensation on the left compared to the right, he has difficulty rising from a seated position and he ambulates with shortened stride width and length. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities. The 2014 MRI of the lumbar spine showed disc bulge, foramina stenosis and mild facet arthropathy. There are previous physical therapy and acupuncture treatment sessions noted in the records. On 11/11/2014, a combination of lumbar epidural and L5-S1 Facet injections was performed. The physician requested treatment included Injection Facet Block Injection at L5-S1 of the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Injection Facet Block Injection at L5-S1, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Work loss data institute treatment workers compensation, facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and physical therapy have failed. The recommended procedure for lumbar radiculopathy is epidural steroid injection. The records indicate the presence of subjective, objective and radiological findings consistent with lumbar radiculopathy. The records show that L5-S1 lumbar facet injections was performed during a prior lumbar epidural injection. There is no documentation of functional restoration specifically attributed to the facet injection. The guidelines did not support the use facet injections in the presence of radicular symptoms. The criteria for L5-S1 lumbar facet injections was not met. The request is not medically necessary.