

<b>Case Number:</b>	CM15-0046439		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/27/2012
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 51 year old female who sustained an industrial injury on 10/27/12. The injured worker reported symptoms in the neck, upper extremities, back and lower extremities. The injured worker was diagnosed as having lumbar discopathy, cervical sprain/strain discopathy, plantar fasciitis, and lower back pain with lumbar radiculopathy. Treatments to date have included epidural steroid injection, oral pain medication, topical rubs, and activity modification. Currently, the injured worker complains of pain in the neck with radiation to the upper extremities and pain in the lower back with radiation to the lower extremities. The plan of care was for a bilateral facet joint injection and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Bilateral Facet Joint Injection at L3 to S1 levels: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition Chapter: Low Back -Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint injections.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, one bilateral facet joint injection at L3 S1 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured worker's working diagnoses are neck pain that radiates to the right shoulder; low back pain with lumbar radiculopathy; and status post right transforaminal epidural steroid injection L4, L5 in January 2015 and L5, S1 December 24. The requesting physician submitted an authorization for a facet joint injection at three levels L3, L4, L5, and L5, S1. The guidelines recommend no more than two facet joint levels injected one session. Additionally, the injured worker has symptoms and signs of radiculopathy. The progress note dated February 5, 2015 shows the injured worker had a lumbar radiculopathy with symptoms that were well-controlled status post transforaminal epidural steroid injection. Facet joint injections are not indicated in the presence of radiculopathy. Consequently, absent clinical documentation of non-radicular pain with injections limited to no more than two facet joint levels, one bilateral facet joint injection at L3, S1 is not medically necessary.