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| <b>Case Number:</b>   | CM15-0064115 |                              |            |
| <b>Date Assigned:</b> | 04/10/2015   | <b>Date of Injury:</b>       | 08/01/2000 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 03/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2015 |

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 52 year old male, who sustained an industrial injury on August 1, 2000. He reported injury to the lower back area. The injured worker was diagnosed as having lumbar degenerative disc disease with intractable low back pain, bilateral lumbar radiculopathy, insomnia secondary to chronic pain, situational stress sequelae and mechanical low back pain. Treatment to date has included diagnostic studies, injection and medications. On February 11, 2015, the injured worker complained of worsening low back and leg pain. He reported that his legs feel weak at the end of the day. His activities of daily living were noted to be independent. The treatment plan included an MRI of the lumbar sacral spine, medications, facet joint injections bilaterally at L3-L4, L4-L5 and L5-S1, surgical consultation and a follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3-L4 lumbar facet joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint intra-articular injections (therapeutic blocks), Facet joint injections, lumbar.

**Decision rationale:** According to the ODG, indicators of pain related to facet joint pathology include, tenderness to palpation in the paravertebral areas (over the facet region); axial low back pain; and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Patients with lumbar facet pain (facet syndrome) typically present with back, buttock, or hip pain. Post-laminectomy syndrome, or non-radicular pain occurring after laminectomy, is an acceptable reason to perform facet injections. However, radiculopathy, leg weakness, and leg numbness are not considered part of the facet syndrome, and might suggest nerve root compression. According to the documentation, this patient has LBP with radicular pain. The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). Medical necessity for the requested injections has not been established. The requested right L3-L4 lumbar facet injection is not medically necessary.

**Left L3-L4 lumbar facet joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint intra-articular injections ( therapeutic blocks), Facet joint injections, lumbar.

**Decision rationale:** ODG states that indicators of pain related to facet joint pathology include, tenderness to palpation in the paravertebral areas (over the facet region); axial low back pain; and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Patients with lumbar facet pain (facet syndrome) typically present with back, buttock, or hip pain. Post-laminectomy syndrome, or non-radicular pain occurring after laminectomy, is an acceptable reason to perform facet injections. However, radiculopathy, leg weakness, and leg numbness are NOT considered part of the facet syndrome, and might suggest nerve root compression. According to the documentation, this patient has LBP with radicular pain. The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). Medical necessity for the requested injections have not been established. The requested left L3-L4 lumbar facet injection is not medically necessary.

**Right L4-L5 lumbar facet joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint intra-articular injections (therapeutic blocks), Facet joint injections, lumbar.

**Decision rationale:** According to the ODG, indicators of pain related to facet joint pathology include, tenderness to palpation in the paravertebral areas (over the facet region); axial low back pain; and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Patients with lumbar facet pain (facet syndrome) typically present with back, buttock, or hip pain. Post-laminectomy syndrome, or non-radicular pain occurring after laminectomy, is an acceptable reason to perform facet injections. However, radiculopathy, leg weakness, and leg numbness are not considered part of the facet syndrome, and might suggest nerve root compression. According to the documentation, this patient has LBP with radicular pain. The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). Medical necessity for the requested injections has not been established. The requested right L4-L5 lumbar facet injection is not medically necessary.

**Left L4-L5 lumbar facet joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint intra-articular injections (therapeutic blocks), Facet joint injections, lumbar.

**Decision rationale:** According to the ODG, indicators of pain related to facet joint pathology include, tenderness to palpation in the paravertebral areas (over the facet region); axial low back pain; and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Patients with lumbar facet pain (facet syndrome) typically present with back, buttock, or hip pain. Post-laminectomy syndrome, or non-radicular pain occurring after laminectomy, is an acceptable reason to perform facet injections. However, radiculopathy, leg weakness, and leg numbness are not considered part of the facet syndrome, and might suggest nerve root compression. According to the documentation, this patient has LBP with radicular pain. The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). Medical necessity for the requested injections has not been established. The requested left L4-L5 lumbar facet injection is not medically necessary.

**Right L5-S1 lumbar facet joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint intra-articular injections (therapeutic blocks), Facet joint injections, lumbar.

**Decision rationale:** According to the ODG, indicators of pain related to facet joint pathology include, tenderness to palpation in the paravertebral areas (over the facet region); axial low back pain; and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Patients with lumbar facet pain (facet syndrome) typically present with back, buttock, or hip pain. Post-laminectomy syndrome, or non-radicular pain occurring after laminectomy, is an acceptable reason to perform facet injections. However, radiculopathy, leg weakness, and leg numbness are not considered part of the facet syndrome, and might suggest nerve root compression. According to the documentation, this patient has LBP with radicular pain. The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). Medical necessity for the requested injections has not been established. The requested right L5-S1 lumbar facet injection is not medically necessary.

**Left L5-S1 lumbar facet joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint intra-articular injections (therapeutic blocks), Facet joint injections, lumbar.

**Decision rationale:** According to the ODG, indicators of pain related to facet joint pathology include, tenderness to palpation in the paravertebral areas (over the facet region); axial low back pain; and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Patients with lumbar facet pain (facet syndrome) typically present with back, buttock, or hip pain. Post-laminectomy syndrome, or non-radicular pain occurring after laminectomy, is an acceptable reason to perform facet injections. However, radiculopathy, leg weakness, and leg numbness are not considered part of the facet syndrome, and might suggest nerve root compression. According to the documentation, this patient has LBP with radicular pain. The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). Medical necessity for the requested injections has not been established. The requested left L5-S1 lumbar facet injection is not medically necessary.