

<b>Case Number:</b>	CM15-0068356		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	05/27/2003
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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

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 60 year old female with an industrial injury dated 05/27/2003. Her diagnosis includes lumbar radiculopathy. Prior treatments include diagnostics and transforaminal epidural steroid injection. The only records available for this review are dated 11/17/2004 and are an operative report for left lumbar 5-sacral 1 transforaminal epidural steroid injection under fluoroscopy guidance with interpretation of lumbar epidurogram. MRI of lumbar spine dated 01/26/2015 report is in the submitted records. There are no subjective or objective findings or plan of treatment documented in the submitted records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 and L5-S1 facet 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-Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of facet arthropathy. Additionally, it appears the patient has active symptoms of radiculopathy. Guidelines do not support the use of facet injections in patients with active radiculopathy. Furthermore, it is unclear what conservative treatment measures have been attempted for this patient's diagnoses prior to the currently requested facet injections, and no clear rationale is presented for the use of facet injections rather than the medial branch blocks supported by the guidelines. In light of the above issues, the currently requested facet injections are not medically necessary.