

<b>Case Number:</b>	CM15-0092364		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: 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 40 year old male, who sustained an industrial injury on 5/25/11. The injured worker has complaints of low back pain that radiates to the back and right lower extremity. The documentation noted that the injured worker has pain over the right L5-S1 (sacroiliac) junction and overlying the posterior superior iliac spine. The diagnoses have included chronic pain due to trauma; chronic postop pain. Treatment to date has included injections; spinal fusion in May 2012; gabapentin; Tylenol; flexeril; omeprazole; terocin and physical therapy. The request was for repeat right facet posterior superior L5-S1 facet joint injection / possible trigg-ligament point injection using ultrasound under monitored anesthesia care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat right facet posterior superior L5-S1 facet joint injection / possible triggligament point injection using ultrasound under monitored anesthesia care: 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 (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint intra-articular injections (therapeutic blocks), Facet joint medial branch blocks (therapeutic injections), Facet joint chemical rhizotomy, Facet joint radiofrequency neurotomy, Facet rhizotomy (radio frequency medial branch neurotomy). ACOEM 3rd Edition Low back disorders 2011 <http://www.guideline.gov/content.aspx?id=38438>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses facet joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) indicates that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) indicates that facet joint injections are not recommended. ACOEM 2nd Edition (2004) Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) indicates that trigger-point injections are not recommended. Official Disability Guidelines (ODG) state that regarding facet joint radiofrequency neurotomy, facet rhizotomy, radiofrequency medial branch neurotomy, radiofrequency ablation (RFA), studies have not demonstrated improved function with these procedures. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks (therapeutic injections) have minimal evidence for treatment. Official Disability Guidelines (ODG) indicate that facet joint chemical rhizotomy is not recommended. There are no studies. The procedure is considered experimental. Official Disability Guidelines (ODG) indicate that facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure. Studies have not demonstrated improved function. Facet joint radiofrequency neurotomy is also called facet rhizotomy, radiofrequency medial branch neurotomy, or radiofrequency ablation (RFA). ACOEM 3rd Edition (2011) indicates that radiofrequency neurotomy and facet rhizotomy are not recommended. ACOEM 3rd Edition (2011) indicates that radiofrequency neurotomy, neurotomy, and facet rhizotomy is not recommended. ACOEM 3rd Edition (2011) indicates that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. Lumbar fusion surgery was performed May 2012. Computed tomography CT of the lumbar spine dated September 24, 2014 showed postoperative changes status post interbody fusion, posterior fixation and laminectomies at L5-S1, the bone graft within the L5-S1 disc space is incompletely incorporated into the inferior S1 endplate, however, there is bony fusion at the posterior aspect of the disc space; stable grade I spondylolisthesis of L5-S1; mild left neural foraminal stenosis of L5-S1; and findings have not significantly changed since the previous CT. The pain management report dated 03-31-2015 documented physical examination lumbar spine which demonstrated well-healed surgical. Severe localized pain over the right L5-S1 junction and overlying the posterior superior iliac spine. Moderate bilateral S1 joint tenderness was noted. Negative Patrick test bilaterally was noted. No motor and sensory deficit on gross exam was noted. The patient continues to experience significant back pain with bilateral leg pain that is worse on the right side. No numbing or tingling or weakness below the knee was noted. The patient was treated with intermittent injection treatment. Last injection was February

of 2014. The patient has recurrent pain over the right postoperative spine region. Right posterior-superior L5-S1 facet and ligament injection was requested. Last injection February 2014. Medical records document a history of low back complaints. MTUS, ACOEM, and ODG guidelines do not support the request for L5-S1 facet and ligament injection. Therefore, the request for L5-S1 facet and ligament injection is not medically necessary.