

<b>Case Number:</b>	CM15-0095894		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	11/09/1999
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 57-year-old male, who sustained an industrial injury on November 9, 1999. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having multilevel degenerative disc disease and facet arthropathy of the thoracic spine and chronic superior endplate compression involving the thoracic 7 vertebral body. Diagnostic studies to date have included lab studies, including urine drug screening. Treatment to date has included physical therapy, chiropractic therapy, aquatic therapy, a home exercise program, a home transcutaneous electrical nerve stimulation (TENS) unit, facet joint injections in 2013 and 2014, and medications including pain, anti-epilepsy, and non-steroidal anti-inflammatory. On March 17, 2015, the injured worker complains of increased mid back pain since the last visit, which is described as burning, aching and stabbing. The pain is rated 8/10. He complains of the pain is starting to move up towards his neck. He had undergone facet joint injections at bilateral thoracic 6-7 and thoracic 7 in 2013 and on February 28, 2014, which decreased his pain by 50% for several months. After the injections, he was able to increase his walking distance by 10-15 minutes longer, and stand and walk 10-20 minutes longer. The physical exam revealed an antalgic gait, tenderness to palpation in the mid facet regions at approximately bilateral thoracic 6-7 and thoracic 7-8, intact thoracic dermatomes, decreased thoracic spine range of motion in all planes, increased pain with thoracic extension, and intact sensation throughout the abdomen and chest. The treatment plan includes repeat facet joint injections at bilateral thoracic 6-7 and thoracic 7-8.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Facet joint injection at bilateral T6-7, T7-8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic Chapter (Online Version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Facet joint intra-articular injections (therapeutic blocks)  
([http://worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#Facetjointinjections](http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections)).

**Decision rationale:** According MTUS guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain". According to ODG guidelines regarding facets injections, "Under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti , 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial." Furthermore and according to ODG guidelines, Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection. In this case, the facet injections are requested for therapeutic purposes. There is no documentation of formal rehabilitation plan that will be used in addition to facet injections. Furthermore, ODG guidelines do not recommend facet injections except as a diagnostic tool. Therefore, the request for Facet joint injection at bilateral T6-7, T7-8 is not medically necessary.