

<b>Case Number:</b>	CM15-0099785		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	02/10/2010
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 46-year-old female, who sustained an industrial injury on February 10, 2010, incurring back injuries after lifting a heavy gate. She was diagnosed with cervical disc disease with radiculopathy and lumbar disc disease and lumbar radiculopathy. Treatment included pain medications, physical therapy, work restrictions and home exercise program. Currently, the injured worker complained of lower back pain with numbness into the toes on the left foot. She complained of persistent neck pain radiating to both shoulders. A cervical Magnetic Resonance Imaging revealed disc protrusion. Upon examination, there is increased pain with flexion of the lumbar spine. The treatment plan that was requested for authorization included bilateral lumbar facet injections and a lumbar spine Magnetic Resonance Imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), cervical, thoracic upper back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. In this case, the claimant has already had a previous MRI since the injury. There is no documentation in the medical record of any substantial change in examination or symptoms to warrant repeat MRI. Lumbar MRI is not medically indicated.

### **Bilateral lumbar facet injections L4-L5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), lumbar facet injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Radiofrequency Rhizotomy and Facet Joint Diagnostic Block.

**Decision rationale:** CA MTUS states that facet injections are a category C intervention with limited evidence for use. ODG section on low back includes the following criteria for facet rhizotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block in which a 70% reduction pain that lasts for at least two hours is obtained. (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the request is for bilateral diagnostic facet joint block L4-L5 at bilateral which is medically necessary based on the submitted medical records.