

<b>Case Number:</b>	CM13-0028065		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	03/03/1981
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 69 year old female with a reported date of injury on 03/03/1981. The mechanism of injury was not noted in the records. The diagnoses post laminectomy and myospasms. The past treatments were pain medication, physical therapy, trigger point injections, and TENS unit. The injured worker underwent facet medial branch injections on 02/24/2014 at L3, L4, and L5. The surgical history included laminectomies and fusions from L3-S1. A 02/24/2014 follow up note indicates that the injured worker reported 80% relief of pain after recent facet injections. On 06/03/2014, the subjective complaints were right hip/back pain that radiates to her right leg. The physical examination findings were decreased range of motion to lower back and negative straight leg raise. The medications were Celebrex, Flexeril, and Allopurinol. The plan was for a right sacroiliac joint injection. A request was received for lumbar facet injections. However, there were no clinical notes addressing this request provided for review. The rationale for the request and the request for authorization form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR FACET INJECTION RIGHT L5 AND S1 UNDER FLUOROSCOPY AND MONITORED ANESTHESIA AT [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** The request for lumbar facet injection right L5 and S1 under fluoroscopy and monitored anesthesia at [REDACTED] is not medically necessary. The California MTUS/ACOEM Guidelines state that facet injections are of questionable merit but are still widely used by pain specialists. More specifically, the Official Disability Guidelines state that therapeutic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Additionally, the guidelines specify that only one set of therapeutic facet blocks is recommended. When these injections are successful, the recommendation is to proceed to medial branch blocks, then neurotomy. The injured worker has chronic low back pain with a previous lumbar fusion surgery from L3-S1 and has had previous facet treatment at least levels. Since the injured worker had a previous fusion and injection, the request is for a lumbar facet injection at these same levels is not supported. As such, the request is not medically necessary.