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| <b>Case Number:</b>   | CM14-0145806 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 09/22/2012 |
| <b>Decision Date:</b> | 10/21/2014   | <b>UR Denial Date:</b>       | 08/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2014 |

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 09/22/2012. The mechanism of injury was the injured worker slipped and fell while carrying a box of strawberries. The injured worker's medication history included Gabapentin and Naproxen. The prior therapies included physical therapy and epidural steroid injections. The injured worker underwent electrodiagnostic studies on 08/02/2013 which revealed an abnormal denervation of the left L5-S1 muscle consistent with left L5-S1 radiculopathy. The injured worker underwent an MRI of the lumbar spine without contrast on 07/03/2013 which revealed at L5-S1 there was desiccation of the disc. There was mild bulging without herniated nucleus pulposus. There was no central stenosis seen. There was no compression of the exiting nerve roots. The documentation of 08/11/2014 revealed the injured worker had complaints of pain in the back radiating to the bilateral legs. The pain was described as stabbing. There was no associated numbness or weakness. The physical examination revealed that the motor strength was symmetric in all groups tested and that sensation was grossly intact to light touch. The straight leg raise was positive at 80 degrees on the right. The reflexes were symmetric bilaterally. Palpation over the back elicited pain symptoms and the injured worker's gait was antalgic. The diagnoses included lumbar spondylosis, lumbar stenosis, and lumbar radiculopathy. The treatment plan included a lumbar interlaminar epidural steroid injection and this would be performed concurrently with an L4-5 lumbar facet block. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet injection at L4-5 under fluoroscopy with interlaminar lumbar epidural:**  
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), Facet joint diagnostic blocks (injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The ACOEM Guidelines indicate that a facet neurotomy (rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review failed to indicate the injured worker had tenderness to palpation at the paravertebral area. The injured worker had a normal sensory examination and the absence of radicular findings. The injured worker had a positive straight leg raise. There was a lack of documentation of a failure of conservative care including home exercise, physical therapy, and NSAIDs. Additionally, there was a lack of documentation indicating that if the injured worker had a positive response the physician would proceed to a facet neurotomy. This portion of the request would not be supported. The California MTUS Guidelines recommend for a repeat epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Additionally, as the California MTUS Guidelines do not specifically address a combination of a facet injection and an epidural steroid injection. As such, secondary guidelines were sought. The Official Disability Guidelines indicate it is not recommended to perform epidural blocks on the same day of treatment as facet blocks. The clinical documentation submitted for review indicated the injured worker had previously undergone epidural steroid injections. There was a lack of documentation indicating the injured worker had at least a 50% documented pain relief with functional improvement and a reduction of medication use for 6 to 8 weeks. The request for a repeat epidural steroid injection would not be supported. Additionally, the two injections are not recommended to be performed on the same day. Given the above, the request for lumbar facet injection at L4-5 under fluoroscopy with interlaminar lumbar epidural is not medically necessary.