

<b>Case Number:</b>	CM14-0149007		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 and is licensed to practice in Ohio and Texas. 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 45-year-old female who reported an injury due to an assault on 01/18/2012. On 06/10/2014, her diagnoses included MRI evidence of L4-5 disc herniation with annular tear; L3-4 and L4-5 broad-based mild disc protrusion; lumbar facet joint arthropathy at bilateral L3-4 and L4-5 and mildly at L5-S1; rule out facet joint disease on the left; status post radiofrequency neurotomy treatment at L4-5 with partial improvements; recent re-aggravation of the symptoms, status post piriformis muscle injection with Cortisone as well as Botox, without improvement; rule out possibility of L5-S1 radiculitis; and rule out intrinsic left knee joint pathology, possibly as a result of additional concomitant injuries sustained on 01/18/2012. Her complaints included left sided low back pain with radiation to the left lower extremity including the buttock and posterior lower leg. It radiated to her waist and down the leg to the knee and foot. She had intermittent numbness and tingling. She rated her pain at 5/10 to 6/10. She'd had physical therapy and acupuncture treatments with no significant reduction in pain. She also underwent a radiofrequency neurotomy at L4-5 as well as an epidural injection. The treatment plan included consideration of facet joint injection at left L4-5 and L5-S1. There was no rationale or Request for Authorization included this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection Lumbar Facet with Corticosteroid, at left L4-L5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Low Back Chapter, Facet Joint Intra-Articular Injections (therapeutic blocks)

**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, Facet joint diagnostic blocks (injections)

**Decision rationale:** The request for an injection lumbar facet with chronic at left L4-5 and L5-S1 is not medically necessary. The California ACOEM Guidelines recommended that invasive techniques, including 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. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The recommended diagnostic criteria for diagnostic blocks include absence of radicular findings. This injured worker clearly had radicular symptoms to the left lower extremity. Additionally, there was no mention of facet neurotomy included with the request. The clinical information submitted failed to meet the evidence based guidelines for facet lumbar injections. Therefore, this request for an injection lumbar facet with chronic at left L4-5 and L5-S1 is not medically necessary.