

<b>Case Number:</b>	CM13-0002858		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/07/1999
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology; Pain Medicine and is licensed to practice in California. 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 physician 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 patient reported an injury on 09/07/1999. The patient is currently diagnosed with postlaminectomy syndrome in the cervical region, lumbar radiculopathy and neuritis, postlaminectomy syndrome in the lumbar region, chronic neck pain, chronic back pain, myofascial pain syndrome, status post arthrodesis with discectomy at C4-5, status post arthrodesis with discectomy of the lumbar spine, anxiety disorder, chronic depression, and chronic insomnia. The patient was recently seen by [REDACTED] on 10/29/2013. Physical examination revealed tenderness to palpation. Treatment recommendations included a gradual and progressive daily stretching regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4, L4-5, L5-S1 facet injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Injections

**Decision rationale:** Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. Facet and joint injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There should be documentation of a failure to respond to previous conservative treatment prior to the procedure for at least 4 to 6 weeks. As per the clinical notes submitted, the patient's physical examination findings are consistent with radiculopathy. The patient has been previously treated with epidural steroid injections with a 50% reduction in symptoms. The patient does maintain a diagnosis of lumbar radiculopathy and neuritis. The patient has undergone an MRI of the lumbar spine on 06/03/2013, which did not reveal any evidence of facet abnormality. Based on the clinical information received, the request is non-certified.