

<b>Case Number:</b>	CM13-0006495		
<b>Date Assigned:</b>	08/29/2013	<b>Date of Injury:</b>	06/09/1992
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Family Practice and is licensed to practice in 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 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 is a 67-year-old male who reported a work related injury on 06/09/1992. The patient has a history of low back pain and leg pain. He has undergone previous treatments to include NSAIDs, chiropractic, acupuncture, and physical therapy with limited improvement. Recent clinical exam of the patient revealed no neurologic deficits. There was pain with lumbar flexion and no pain with extension. Facet loading was negative and there was no tenderness on palpation of the lumbar facet joint columns. A request has been made for bilateral L4-5 facet joint injections times 2 under fluoroscopy and conscious sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 facet joint injections x2 under fluoroscopy and conscious sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation the ASIPP Practice Guidelines, and the Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The ACOEM Guidelines indicate that facet joint injections along with trigger point injections, ligamentous injections and epidural injections for back pain without radiculopathy are not recommended. Criteria for use of facet joint intra-articular injections per

the Official Disability Guidelines include: no more than 1 therapeutic intra-articular block is recommended and there should be no evidence of radicular pain, spinal stenosis, or previous fusion. The patient was noted to have leg pain per the clinical documentation submitted. The patient was also assessed with lumbar radiculopathy. Furthermore, there was no pain noted with extension at the waist and no tenderness on palpation of the lumbar facet joint columns. Facet joint loading was negative for the patient's physical exam. The clinical documentation submitted does not meet criteria for facet joint intra-articular injections. Therefore, the request for bilateral L4-5 facet joint injections times 2 under fluoroscopy and conscious sedation is not medically necessary and appropriate.