

<b>Case Number:</b>	CM13-0016302		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/01/2003
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 & Rehabilitation and Pain Management; has a subspecialty in Interventional Spine 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 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 patient is a 60 year old, with a date of injury of January 01, 2003. The patient complains of low back pain radiating into buttocks down his right thigh. The patient's diagnosis is lumbar stenosis status lumbar spinal fusion L3-5. On April 05, 2013, the patient had tenderness in the right paralumbar area and straight leg raising test was positive on the right. An MRI of the Lumbar Spine from May 21, 2013 shows stable appearance of fusion L3-L5, laminectomy at L3 and L4 and pedicle screws bilaterally at L3, L4 and L5 levels. On August 09, 2013, Straight leg raise was mildly positive bilaterally at 50 degrees. The request is for a Lumbar L2-3 facet injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR L2-3 FACET INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**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 intra-articular injections.

**Decision rationale:** This patient presents with low back pain with radicular symptoms into right thigh. The patient is s/p lumbar fusion from L3-5. The request is for lumbar L2-3 facet joint injection. Review of the guidelines show that MTUS does not discuss facet syndrome and ACOEM does not support facet injections. However, the Official Disability Guidelines provide a more thorough discussion. The ODG states that there should be no evidence of radicular pain, spinal stenosis, or prior fusion. In this case, the patient has "radicular findings" with positive straight leg examination. The patient has had a lumbar fusion as well. Therefore, recommendation is for non-certification.