

<b>Case Number:</b>	CM13-0019744		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/24/2006
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 54-year-old injured worker who reported an injury on 06/24/2006. The mechanism of injury was not provided in the medical record. The most recent clinical note is dated 07/30/2013 and reported the patient complained of pain that was described as being achy, burning, localized, deep, piercing, shooting, stabbing, and throbbing. The patient stated the pain was intermittent and fluctuating. The patient rated pain 8/10 without medications and 7/10 with medications. Review of the medical record reveals the patient has been on multiple medications in attempt to control their pain; however, the documentation shows fluctuations of pain levels throughout the clinical history. Despite continued consistent pharmacological management and despite increase in dosage of some of their medications, the patient still continued to have complaints of pain. It is also noted the patient had 4 prior epidural steroid injections that "did not help."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Lumbar facet injection at bilateral L3-4, L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, facet joint injections are not recommended for treatment of low back disorders. Also, per Official Disability Guidelines, facet therapeutic injections are not recommended except as a diagnostic tool due to the fact there is minimal evidence for treatment. The request for 1 lumbar facet injection at bilateral L3-4, L4-5, and L5-S1 is not medically necessary and appropriate.