

<b>Case Number:</b>	CM13-0028639		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	11/20/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, 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 claimant is a 47-year-old gentleman who was injured in a work related accident on November 20, 2011 sustaining injury to the low back. Recent clinical assessment for review dated November 25, 2013 showed subjective complaints of continued neck and Final Determination Letter for IMR Case Number CM13-0028639 3 low back pain. Specific to his low back, there was noted to be restricted range of motion with tenderness to palpation, positive bilateral straight leg raising. The claimant's working diagnoses were that of lumbar musculoligamentous sprain, disc protrusion and myospasm. Previous assessment of [REDACTED] of August 21, 2013 showed the claimant to be with complaints of bilateral lower extremity pain with examination demonstrating motor deficit to the extensor hallucis longus on the right corresponding with the L5 dermatomal distribution. Imaging was reviewed from May 4, 2013 that showed broad based disc herniation at L4-5 resulting in neural foraminal and canal stenosis. At present, there is a current request for two level bilateral facet joint injections at the L4-5 and L5-S1 level for further treatment. Records do not indicate prior surgical process in this case. There is indication of previous injection therapy consisting of epidural procedures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR FACET JOINT BLOCK AT MEDIAL BRANCH BILATERAL L4-L5, L5-S1:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure - facet joint diagnostic blocks (injections).

**Decision rationale:** Based on Official Disability Guideline criteria as the MTUS Guidelines fail to give appropriate clinical specifics for facet joint injections, the role of the above procedure would not be indicated. Direct contraindication to the role of facet joint injections is presence of a radicular process. The employee's current clinical presentation indicates weakness to the extensor hallucis longus and L4-5 compressive pathology on imaging. The documentation of the above radicular findings in and of itself would fail to necessitate the specific request for facet joint injections which are not indicated in the presence of radiculopathy.