

<b>Case Number:</b>	CM13-0028700		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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, 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 is 51 year old female who reported an injury on 07/23/2007. The mechanism of injury was not provided in the medical record. The patient's diagnoses included bilateral piriformis syndrome, right sciatic neuralgia and facet imbrication S/P lumbar laminectomy. Review of the medical records provided revealed the patient has received a prior L4-L5, L5-S1 transforaminal epidural injection on 11/22/2010, bilateral L3-L4, L4-L5 and L5-S1 facet injection on 01/20/2011, radiofrequency right lumbar facet neurotomy at L3-L4, L4-L5, and L5-S1 under fluoroscopy on 03/15/2011, and radiofrequency left lumbar facet neurotomy at L3-L4, L4-L5, L5-S1 under fluoroscopy on 03/29/2011, The patient continued to have complaints of severe back pain with no neurological findings upon examination. There was noted tenderness upon palpation from L2-L4 with painful extension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar facet injection under fluoroscopy L2-L3,L3-L4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) states that facet injections are of questionable merit in reference to the treatment of low back pain. Official Disability Guidelines state clinical presentation should be consistent with the following findings: Tenderness to palpation in the paravertebral areas (over the facet region), normal sensory examination, absence of radicular findings, although pain may radiate below the knee, and normal straight leg raising exam. The most recent clinical information provided in the medical record is from 07/07/2011. There is no recent objective clinical information provided in the medical record to support the medical necessity for bilateral lumbar facet injection under fluoroscopy L2-L3, L3-L4 at this time. There are no documented findings of functional deficits, pain values, and /or the current conservative treatment being practiced by the patient. As such, the request for bilateral lumbar facet injection under fluoroscopy L2-L3, L3-L4 is non-certified.