

<b>Case Number:</b>	CM13-0032301		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/08/1999
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 injured worker is a 53-year-old male who was injured on April 8, 1999. The mechanism of injury was rough water boat testing. The progress note dated September 3, 2013 indicated that there were ongoing complaints of low back pain and constipation from pain medications. The physical examination demonstrated tenderness over the left greater than right lumbar spine paraspinal muscles with spasms. There was a positive straight leg raise test on the left more so than the right. There was a slightly antalgic gait. There was a normal neurological examination. Diagnostic nerve conduction testing indicated a left sided L5 radiculopathy. Previous treatment included two lumbar spine surgeries, and epidural steroid injections and lumbar facet blocks, which provided good temporary relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet injection:** 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.

**Decision rationale:** According to the Official Disability Guidelines, no more than one therapeutic intra-articular facet joint injection is recommended. If this initial injection is successful with 50% relief for at least six weeks time, it is recommended to proceed to a medial branch diagnostic block and subsequent neurotomy. According to the most recent progress note dated September 3, 2013, the injured employee did have previous lumbar facet injections with good relief, although this was not objectively quantified. As such, it cannot be determined whether or not at least 50% relief was obtained. As such, this request for a lumbar facet injection is not medically necessary.