

<b>Case Number:</b>	CM13-0043578		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 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 was injured on 04/11/2013 when he slipped and fell landing on top of stairs on the back. He sustained an injury to his back. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/14/2013 revealed diffuse vertebral body height loss at T12, Grade I anterolisthesis of L5 on S1, and degenerative changes at L4-L5. Progress report dated 09/11/2013 indicates the patient is having continuous low back pain which radiates into bilateral thighs. No examination was performed of the lumbar spine. The patient was diagnosed with right elbow contusion, right L5-S1 radiculitis, Grade II spondylolisthesis L5-S1 and facet arthropathy at L5-S1 and PARS defect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR FACET INJECTION BILATERAL L5-S1: Upheld**

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines does not address facet injections. ACOEM (page 300) states that facet injections are of questionable merit. According

to ODG guidelines; Bilateral Lumbar Facet Joint Injection is not recommended except as a diagnostic tool (minimal evidence for treatment). The medical records do not document the purpose of the lumbar joint injection. The medical records do not provide evidence of lumbar examination findings to support facet mediated pain. It is further noted that the patient reports radicular pain, and guidelines note that facet injections are only supported for non-radicular pain. Therefore; the request for lumbar facet injection bilateral L5-S1 is not medically necessary and appropriate.