

<b>Case Number:</b>	CM13-0052649		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 2/22/11. The mechanism of injury was not provided for review. The patient developed chronic low back pain, and ultimately received facet injections at the L4-5 and L5-S1. The patient received a facet injection at the L4-5 and L5-S1 on 9/13/13 that provided 100% pain relief for some hours. The patient received an additional lumbar facet injection at the L4-5 and L5-S1 on 10/9/13 that provided 80% relief for approximately six hours. The patient's most recent clinical examination findings revealed restricted range of motion secondary to pain with tenderness to palpation over the bilateral lumbar paraspinous musculature, bilateral sacroiliac joints, and vertebral tenderness bilaterally in the lumbar region. The patient also experienced tenderness over the bilateral lumbar facets. The patient's diagnoses included degenerative lumbar intervertebral disc disease and displacement of the disc, site unspecified, without myelopathy. The patient's treatment plan included a repeat left L5-S1 therapeutic lumbar facet injection under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat left L5-S1 therapeutic lumbar facet injection under fluoroscopy:** 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): 308-310.

**Decision rationale:** The ACOEM does not recommend the use of facet injections for therapeutic purposes. The clinical documentation submitted for review does provide evidence that the patient has previously had two diagnostic facet injections that did provide pain relief. However, as facet injections are not recommended for therapeutic purposes, an additional facet injection would not be supported. As such, the requested repeat left L5-S1 therapeutic lumbar facet injection under fluoroscopy is not medically necessary or appropriate.