

<b>Case Number:</b>	CM13-0055090		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/19/2007
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain associated with an industrial injury of July 19, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; prior facet injections at the L4 through S1 levels on May 22, 2013, per the claims administrator; antidepressant agent; and short acting opioids. An MRI of the lumbar spine of February 9, 2011 is notable for multilevel spondylosis and degenerative changes at various facet joints. X-ray of the lumbar spine of March 7, 2013 is notable for L4-L5 spondylolisthesis. A procedure note of May 22, 2013 is reviewed. The applicant underwent facet joint blocks at L4-L5 and L5-S1 on that date. On November 8, 2013, the applicant was given refills of Paxil, Xanax, Wellbutrin, Norco, and BuTrans. On October 30, 2013, the applicant presented with moderate-to-severe low back pain radiating to the right ankle, left calf, and left thigh. The applicant was on aspirin, BuSpar, BuTrans, Levoxyl, Zestril, Lopressor, Norco, Paxil, and Xanax as of that point in time. The applicant was using a walker to move about. The applicant exhibited an antalgic gait. Facetogenic tenderness and limited lumbar range of motion were noted with normal lower extremity muscle tone. The applicant was apparently asked to pursue facet joint injections at L4-L5 and L5-S1. Multiple medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet joint injections at levels L4-S1 with IV sedation: 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), Facet Joints

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections are not recommended. In this case, the applicant has had prior facet joint injections, despite the unfavorable ACOEM recommendation. He has failed to effect any lasting benefit or functional improvement through prior usage of the same. He remains highly reliant on various analgesic, adjuvant, and psychotropic medications, including Norco, BuTrans, Wellbutrin, Paxil, Xanax, etc. He is using a walker to move about. His pain complaints are heightened. His radicular pain complaints, furthermore, argue against any bona fide facetogenic pathology here. Therefore, the request is not certified owing to the lack of diagnostic clarity present here, owing to the lack of functional improvement despite prior facet joint blocks, and owing to the unfavorable ACOEM recommendation on facet blocks.