

<b>Case Number:</b>	CM13-0055648		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/25/2009
<b>Decision Date:</b>	05/18/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Orthopedic Surgery 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 claimant, a 39-year-old gentleman, injured his low back on 11/25/09. The records provided for review included a report of an MRI dated 04/08/10 showing an L5-S1 disc protrusion as well as a December of 2010 electrodiagnostic study that was positive for bilateral L5-S1 radicular process. The records documented that the claimant has been treated conservatively since the time of the accident with physical therapy, medication management, activity modifications, acupuncture, epidural steroid injections and electrical stimulating (TENS) devices. The progress report of October 4, 2013 documented increased complaints of low back pain as well as neck complaints and that facet injections had been recommended but have not occurred. Objective physical examination included a sensory deficit to the right L4 and left L5 and S1 dermatomal distribution, lumbar spasm and guarding, with restricted range of motion. The claimant's working diagnosis was lumbar disc displacement and the plan was for a two level bilateral lumbar facet joint procedure to be performed under Intravenous (IV) sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL LUMBAR FACET INJECTION, FLUOROSCOPIC GUIDANCE, IV SEDATION:** Upheld

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

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

**Decision rationale:** The California ACOEM Guidelines do not recommend facet injections due to lack of proven efficacy. When looking at Official Disability Guidelines, facet injections also are not recommended as medically necessary. Official Disability Guidelines only recommend facet injections for treatment of low back pain that is nonradicular in nature. The documentation in this case reveals that the claimant has radicular findings both on electrodiagnostic studies and recent physical examination. Also, the Official Disability Guidelines do not recommend the use of IV sedation for this diagnostic injection to avoid negating the results and should only be given in cases of extreme anxiety. Therefore, the ACOEM and ODG Guidelines do not recommend the request for facet injections under fluoroscopy and IV sedation.