

<b>Case Number:</b>	CM13-0056400		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 New York and North Carolina. 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 claimant is diagnosed with lumbago and lumbar spondylosis. She had a work accident 10/15/12, when she slipped on a piece of pumpkin on the floor of a floral shop, causing her to fall. MRI 9/9/13 showed a 2 mm bulge at L4-L5 and a 1-2 mm posterior bulge at L5-S1. Requested right diagnostic facet blocks L4-L5, L5-S1 with possible radiofrequency for ongoing right-sided low back pain. She had facet joint injections at those levels 12/18/12. As noted in the Physician Progress report dated 12/4/13, she had good relief with prior facet joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right L4-L5, L5-S1 Diagnostic Facets and Possible Radiofrequency: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Injection.

**Decision rationale:** ACOEM Practice guidelines note that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed after appropriate investigation.

ODG states that only one set of successful (>70% response) diagnostic injections should be administered prior to facet neurotomy. Since she has had prior facet joint injections at the requested levels, it should not be repeated. If they showed improvement of 70% or greater, neurotomy is indicated, not repeat injections. The request is denied.