

<b>Case Number:</b>	CM13-0057045		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/10/2001
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 is a 45-year-old female who sustained an injury to her low back in a work related accident on January 10, 2001. The clinical records provided for review included a PR2 report dated October 11, 2013 noting ongoing complaints of pain in the low back with current working diagnoses of left SI joint instability and degenerative changes, herniated disc status post discectomy at L4-5 and L5-S1 with left lower extremity radiculopathy. Physical examination findings specific to the low back were documented to show tenderness over the SI joint and PSIS with restricted range of motion. There was noted to be right lower extremity S1 changes with electrodiagnostic studies dated February 18, 2011 that documented right S1 radiculopathy. Recommendation on the PR2 report was for continuation of facet joint injections at the L4-5 and L5-S1 level. The documentation indicated that the claimant has previously undergone facet joint injections; however, documentation of benefit was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FACET BLOCK TO L4-5 AND L5-S1:** 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)

**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)--

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, facet joint injections at the L4-5 and L5-S1 levels cannot be recommended as medically necessary. The clinical records for review give a clear clinical picture of radiculopathy documented on both the physical examination findings and electrodiagnostic studies. The finding of radiculopathy is a direct contraindication to the role of facet joint injections. Therefore, the request would fail to meet evidenced based guidelines for medical necessity.