

<b>Case Number:</b>	CM13-0063859		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 54-year-old gentleman who injured his lumbar spine in a work-related accident on July 15, 2013. Clinical records provided for review included an orthopedic assessment dated November 23, 2013 noting ongoing complaints of low back pain. The documentation described failed conservative care of physical therapy, medication management, and activity restrictions. The claimant described radiating numbness and tingling to the right lower extremity and physical examination showed negative straight leg raising, no motor deficit, and diminished sensation in the anterior and medial aspect of the right lower extremity to the foot compared to the left. Working diagnoses were spondylolisthesis at L4-5 and back pain with right lower extremity numbness. Facet joint injections were recommended at the L4-5 and L5-S1 level for further care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A BILATERAL LUMBAR FACET INJECTION AT L4-5 AND L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Based on the Official Disability Guidelines, bilateral facet joint injections at L4-5 and L5-S1 would not be indicated. Direct contraindications for the role of facet joint injections would be the presence of radiculopathy. The records in this case indicate sensory changes and documentation of radiculopathy to the right lower extremity. Therefore, the proposed bilateral facet injections cannot be recommended as medically necessary.