

<b>Case Number:</b>	CM13-0068110		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/26/2006
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient is a 54 year-old female with an injury reported on 04/06/2006 and the mechanism of injury is unknown. The patient complains of ongoing chronic low back pain and is dependent on medication for pain control. The clinical notes indicate the patient had tenderness noted over paraspinal muscles overlying the facet joints on both sides (bilateral QL insertions) and trigger points noted over the lower paraspinal. Lumbar spine abnormal reversal lumbar lordosis and range of motion and extension was normal. The straight leg raising test and the Patrick's sign were both negative and muscle spasms were not present. It is unknown if the patient has had physical therapy to help with the low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL L3-4, L4-5 AND L5-S1 FACET INJECTIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint injections

**Decision rationale:** The ACOEM guidelines indicate that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. In addition, the Official Disability Guidelines indicates that no more than 2 facet joint levels are injected in one session. The patient does have tenderness on the overlying facets joints and had failed conservative treatment. However, the patient may possibly benefit from a 2 level facet joint injection. Therefore, the request for bilateral L3-4, L4-5 and L5-S1 facet injections is not medically necessary.