

<b>Case Number:</b>	CM13-0069709		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/10/1996
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Occupational Medicine 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 applicant is an [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 10, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar fusion surgery; transfer of care to and from various providers in various specialties; and opioid agents. A note of October 20, 2013 referenced comments that the applicant reported ongoing complaints of low back pain radiating to leg with depressive symptoms. The applicant was again described as mildly overweight and had positive straight leg raising. A November 21, 2013 progress note is notable for comments that the applicant reports moderate-to-severe low back pain x15 years radiating to bilateral legs, with associated numbness and burning sensorium noted about the same. The applicant's medication list includes Lortab, Lexapro, Deplin, and vitamins. The applicant is obese with BMI of 33. Tenderness is noted about the lumbar spine with negative straight leg raising. The applicant exhibited a normal gait. Facet arthropathy is noted at L2-L3 on CT scanning of April 30, 2013. Lumbar MRI imaging, thoracic MRI imaging, and facet joint injections were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L2-3 Facet Injection:** 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), 18th

Edition, Facet Joint Diagnostic Blocks: Criteria for the use of diagnostic blocks for facet "mediated" pain

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections are "not recommended." In this case, it is further noted that there is some lack of diagnostic clarity. The applicant's low back pain has been attributed, at times to a variety of issues, including obesity, body habitus, lumbar radiculopathy, etc. The applicant has superimposed depressive symptoms. The applicant continues to report low back pain radiating to the legs, it appears. All of the above taken together, imply a lack of diagnostic clarity and argue against the presence of facetogenic pain for which facet joint injections might be indicated. Therefore, the request is not certified both owing to the lack of diagnostic clarity as well as owing to the unfavorable ACOEM recommendation.