

<b>Case Number:</b>	CM14-0001092		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/26/1998
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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, Texas, and Tennessee. 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 61-year-old male who was injured on August 26, 1998. The claimant is documented as being status post lower lumbar surgery with microdiscectomy and foraminal laminectomy at L3-S1, but has complaints of residual low back pain and radicular symptoms. A recent repeat MRI demonstrated multilevel disc herniation and the clinician is documented as indicating that fusion may be an option. Previous conservative measures have included physical therapy, chiropractic care, and acupuncture. The clinical examination documents diminished lumbar range of motion, a positive straight leg raise on the right, and a positive Kemp's test on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L3-S1 FACET JOINT INJECTIONS FOR THE LUMBER SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,304-305,308,309. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The ACOEM specifically recommends against this procedure, notes that it is of questionable merit and does not offer significant long-term functional benefit. As such, the request is considered not medically necessary.