

<b>Case Number:</b>	CM14-0004001		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	04/16/2004
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of April 16, 2004. Treatment to date has included medications, physical therapy, home exercise program, caudal epidural steroid injection, and left total hip arthroplasty. Medical records from 2013 were reviewed, which showed that the patient complained of moderate to severe low back pain rated at 4/10 which was alleviated by injections, medication, and lying down, and exacerbated by all physical activities. On physical examination, there was tenderness of the lower lumbar spine and range of motion was moderately decreased. FABER and straight leg raise tests were negative bilaterally. Facet load test was positive bilaterally. No sensorimotor deficits were noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 SET OF FACET JOINT INJECTIONS BILATERALLY AT L3-4, 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 MTUS: (ACOEM) AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE. LOW BACK COMPLAINTS, 12, 309

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), LOW BACK CHAPTER, PAGE 300

**Decision rationale:** According to page 300 of the ACOEM Practice Guidelines, facet injections are supported for non-radicular facet mediated pain. In this case, facet joint injections for L3-4, L4-L5, and L5-S1 were requested to address the patient's axial low back pain. Although the latest progress note did not report subjective or objective findings of possible radiculopathy, part of the requesting physician's assessment was lumbar radiculopathy. As such, the request is not medically necessary.

**X-RAY OF THE LUMBOSACRAL 6 VIEWS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: (ACOEM) AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 12 , 303

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), LOW BACK COMPLAINTS, PAGE 303-305

**Decision rationale:** According to pages 303-305 of the ACOEM Practice Guidelines, lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. In this case, there was no objective evidence of red flags. The medical records reveal that CT scans of the lumbar spine have been performed in 2004 and again in 2009 when multi-level facet arthropathy was the most significant pathology found. The 11/12/13 medical report described a worsening of patient's low back pain, but did not describe any acute events to explain the worsening. The report also described radicular pain to both lower extremities. On exam, there was tenderness over the lower back and both sciatic notches, positive straight leg raising bilaterally, decreased range-of-motion, and positive facet loading bilaterally. The provider did not state the rationale of x-rays of the lumbar spine. As such, the request is not medically necessary.