

<b>Case Number:</b>	CM14-0105482		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/26/2004
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 66-year-old female was reportedly injured on 3/6/2004. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 6/2/2014, indicated that there were ongoing complaints of low back and left knee pains. The physical examination demonstrated diffusely tender at the axial lumbar spine with limited range of motion. Motor and sensory exam within normal limits. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for bilateral facet injections with fluoroscopy at L5-S1 and was not certified in the pre-authorization process on 6/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral Facet Injections at L5-S1 with Fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th Edition(web), Treatment Index, 2014, Low Back, Facet Joint Diagnostic Block.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46 of 127.

**Decision rationale:** MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of lower extremity radiculopathy. As such, the requested procedure is deemed not medically necessary.