

<b>Case Number:</b>	CM14-0010750		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Pennsylvania. 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 35 year-old who injured his low back while bending over to pick up an object on 05/23/13. The records provided for review include a report of an MRI dated 11/20/13 identifying an L4-5 disc protrusion with posterior extruded fragment abutting the exiting left L5 nerve root. There was also a PARS defect and a Grade I anterolisthesis with complex disc bulging/osteophyte complex at the L5-S1 level. The report of a clinical assessment on 12/04/13 noted low back complaints with radiating left buttock pain. Examination showed an antalgic gait pattern, tenderness to palpation, diminished range of motion and negative straight leg rising. The claimant's working diagnosis was spondylolisthesis, left leg radiculopathy, and a PARS defect. The recommendation was made for referral for pain management assessment with a request for facet joint injections at the L5-S1 level bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FACET BLOCK L5 - S1 BILATERALLY:** 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)

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

**Decision rationale:** Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines and supported by Official Disability Guidelines, the request for facet joint injections bilaterally at L5-S1 would not be indicated. California ACOEM Guidelines recommend that facet joint injections are of limited clinical merit with no evidence of long term efficacy or benefit. Official Disability Guidelines go on to state that facet injections should be limited to individuals without physical findings of radiculopathy. The records for review document that the claimant has with current complaints of low back pain with radiating left leg pain. The imaging report identifies an extruded disc and abutment of the exiting L5 nerve root. The claimant's current working diagnosis is lumbar radiculopathy. The documentation of a radicular diagnosis on both subjective complaints and physical imaging would fail to support the need of facet joint injections.