

<b>Case Number:</b>	CM14-0012444		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/04/1997
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

ACOEM Guidelines do not support facet injections for treatments. ODG guidelines support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. The utilization review letter states that "There is evidence of radiculopathy in the physical examination findings. There is diminished sensation to pinprick and touch on the right leg at the L5-S1 dermatome

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL LUMBAR FACET INJECTION AT L3-L5 UNDER INTRAVENOUS SEDATION AND FLUOROSCOPIC GUIDANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 (LOW BACK COMPLAINTS), TABLE 12-8 SUMMARY OF RECOMMENDATIONS FOR EVALUATING AND MANAGING LOW BACK COMPLAINTS CLINICAL MEASURE: INJECTIONS,

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

**Decision rationale:** ACOEM Guidelines do not support facet injections for treatments. ODG guidelines support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. The utilization review letter states that there is evidence of radiculopathy in the physical examination findings. There is diminished sensation to pinprick and touch on the right leg at the L5-S1 dermatome. Since there is evidence of radicular symptoms, facet joint injections are not medically necessary.