

<b>Case Number:</b>	CM14-0015724		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 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 a 45-year-old male who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of December 10, 2012. The medical records from June 5, 2013 to December 17, 2013 were reviewed and showed that patient complained of back pain and left lower extremity numbness associated with occasional shocking pains in the dorsal aspect of the left foot into the middle toes. Pain is aggravated by lifting, going down the stairs, and prolonged sitting. A physical examination showed tenderness over the right lumbar paraspinal muscles radiating to the lateral hip. Range of motion was limited by pain. A straight leg raise test was negative bilaterally. The reflexes were equal and symmetric. Motor strength was normal. There was decreased sensation to light touch in the left lateral thigh. An MRI of the lumbar spine, dated January 2013, revealed significant disk desiccation throughout the lumbar spine, a right-sided paracentral disk protrusion likely impinging upon the traversing right L5 nerve root at the level of L4-L5, and a small central and left intraforaminal disk protrusion causing mild neural foraminal stenosis at the L5-S1. Official report of the imaging study was not made available. The treatment to date has included physical therapy, Norco, Percocet, Lodine, and Flexeril. The utilization review, dated January 24, 2014, denied the request for fluoroscopically guided facet joint injections at the levels of the right L4-L5 and L5-S1 because the documented examinations over 2 years are not supportive of signs and symptoms of facet mediated pain but of radicular symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUOROSCOPICALLY GUIDED FACET JOINT INJECTIONS AT THE LEVELS OF THE RIGHT L4-L5 AND L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As stated on page 300 of the California MTUS ACOEM Guidelines, facet injections are recommended for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, physical therapy, and non-steroidal anti-inflammatory drugs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, patient complains of low back and left lower extremity pain. He has had previous physical therapy and is intolerant of opioids. However, physical examination findings are indicative of radicular and not facet mediated pain. The criteria have not been met. Therefore, the request for fluoroscopically guided facet joint injections at the levels of the right L4-L5 and L5-S1 is not medically necessary.