

<b>Case Number:</b>	CM14-0018594		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Texas. 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 injured worker is a 45-year-old female who reported an injury on 03/09/2011. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 01/02/2014, the injured worker complained of lower back pain which was constant and severe that radiated into her left lower extremity with numbness and tingling to her feet. The pain was made worse with any prolonged activity. Upon the physical examination, the provider noted paravertebral muscle spasms on the left and right. Straight leg raise was positive on the right at 25 degrees and on the left at 15 degrees. The provider indicated the injured worker to have decreased sensory over the left anterior and posterior leg. The injured worker has diagnoses of lumbar spine herniated nucleus pulposus, secondary sleep deprivation, secondary stress, anxiety, and depression, abnormal weight gain, and gastritis secondary to medication. The provider requested for 1 facet injection at L4-5 and L5-S1 level with E [REDACTED]. However, a rationale was not permitted for review within the documentation. The request for authorization was submitted dated 01/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 FACET INJECTION AT L4-5 & L5-S1 LEVELS WITH [REDACTED], [REDACTED]: 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): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections)

**Decision rationale:** The request for one facet injection at L4-5 and L5-S1 levels with [REDACTED] is non-certified. The injured worker complained of low back pain which was constant and severe that radiated into her left lower extremity with numbness and tingling to her feet. The American College of Occupational and Environmental Medicine do not recommend facet injections where there is limited research based evidence of at least one adequate scientific study of patients with low back complaints. However, the Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy. Neurotomy is chosen as an option for treatment. The guidelines limit injections to patients with low back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and Non-steroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least 4 to 6 weeks. No more than two facet joint levels are injected in one session. There was a lack of documentation indicating the injured worker to have failed conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for 4 to 6 weeks. Within the physical exam, the provided noted the injured worker to have a positive straight leg raise with symptoms of pain radiating form low back to left lower extremities, which does not meet the guidelines which indicate injections are limited to patients with non-radicular pain. Therefore, the request for one facet injection at L4-5 and L5-S1 levels with [REDACTED] is not medically necessary and appropriate.