

<b>Case Number:</b>	CM14-0110417		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 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 applicant is a represented [REDACTED], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 17, 2008. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and a subsequent spinal cord stimulator implantation. In a utilization review report dated November 20, 2014, the claims administrator partially approved a request for L3-L4 and L4-L5 facet injections to facet injections at L4-L5 alone. The applicant's attorney subsequently appealed. In an April 22, 2014, the applicant was placed off work, on total temporary disability. The applicant did report ongoing complaints of low back and leg pain, which he stated were adequately controlled through usage of the spinal cord stimulator. The applicant did have comorbid hepatitis C. The applicant was asked to remain off work and continue unspecified short-acting opioids. On June 2, 2014, the attending provider noted that the applicant had been deemed "disabled." The applicant had ongoing complaints of low back pain, exacerbated by standing and walking. The applicant did have right-sided lumbar radicular complaints. The applicant had had previous epidural steroid injection therapy. Facet joint injections were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Facet Joint Injections at L3-L4 and L4-L5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted both by the attending provider and the claims administrator, the article at issue is a request for facet joint injections. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, the article at issue, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity present here. The applicant's primary pain generator appears to be residual lumbar radiculopathy following two earlier lumbar laminectomy surgeries and following implantation of a spinal cord stimulator implantation. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.