

<b>Case Number:</b>	CM14-0145213		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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], Limited employee who has filed a claim for low back pain reportedly associated with an industrial injury of June 7, 2013. In a Utilization Review Report dated August 28, 2014, the claims administrator denied a request for multilevel lumbar facet injections. The claims administrator did suggest that the applicant had lumbar MRI of August 30, 2013 notable for large 5 mm disk protrusion with associated severe neuroforaminal narrowing at L5-S1. The applicant's attorney subsequently appealed. In a January 30, 2014 progress note, the applicant was given a diagnosis of lumbar radiculopathy secondary to a large herniated disk of 8 mm in scope per August 2013 lumbar MRI imaging. The applicant was placed off of work, on total temporary disability. Mobic, Norco, epidural steroid injection therapy, and electrodiagnostic testing was sought. The applicant underwent epidural steroid injections at L4-L5 and L5-S1 on April 28, 2014. The applicant was kept off of work, on total temporary disability, throughout 2014, including on a later note dated April 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5, L5-S1, L3-L4 facet joint injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- facet joint medial branch blocks (therapeutic injections)

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections are as being sought here, are deemed "not recommended." In this case, it is further noted that the applicant appears to carry a diagnosis of clinically evident, radio-graphically confirmed lumbar radiculopathy. The applicant's pain does not, thus, appear to be facetogenic in nature. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.