

<b>Case Number:</b>	CM14-0038833		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Nevada. 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 records presented for review indicate that this 64-year-old female was reportedly injured on August 11, 2011. The mechanism of injury was noted as opening a dishwasher. The most recent progress note, dated November 1, 2013, indicated that there were ongoing complaints of low back pain, hip pain, and thigh pain. Current medications were stated to include fluorouracil, pravastatin, diltiazem, citalopram, Cymbalta, metoprolol, ketoprofen, and tramadol. The physical examination demonstrated tenderness over the thoracic and lumbar spine paraspinal muscles with spasms. There were facet joint tenderness and SI joint tenderness. There were normal lower extremity sensation and slightly decreased muscle strength with the left tibialis anterior and the right extensor hallucis longus. Diagnostic imaging studies reported disc bulging at L3-L4 and L4-L5 with spinal stenosis as well as multilevel lumbar facet arthrosis worst from L3 through S1. Previous treatment was not mentioned. A request had been made for bilateral L3-L4 and L5-S1 facet joint injections and was not certified in the pre-authorization process on March 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-L4 and bilateral L5-S1 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, Low Back Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, criteria for the use of diagnostic facet blocks includes documentation of failure of conservative treatment to include home exercise, physical therapy, and anti-inflammatory medications. The attached medical record did not indicate that the injured employee has participated in or failed to improve with conservative treatment. Therefore, this request for bilateral L3-L4 and L5-S1 facet joint injections is not medically necessary.