

<b>Case Number:</b>	CM14-0039349		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 50 year old female who sustained an injury to her low back on 01/25/13 after a slip and fall. The initial patient consultation note dated 06/03/14, reported that the injured worker continued to complain of left low back pain at L4 through S1 without radiation to the bilateral lower extremities. The injured worker underwent lumbar medial branch blocks on 05/27/14 that provided 70% pain relief for eight hours. The injured worker rated her pain at 6-10/10 on the visual analog scale. Treatment to date has included physical therapy, x-rays, CT scan, and MRI. Medications included Tylenol, Acetaminophen, Motrin, Ibuprofen, muscle relaxants, and Vicodin. Other modalities included transcutaneous electrical nerve stimulation (TENS), heat, cold, bed rest, and lumbar traction. Physical examination noted no scoliosis; thoracic facets revealed no pain; lumbar facets revealed left sided pain at L3 through S1; palpation of lumbar intervertebral discs revealed no pain; palpation of bilateral sacroiliac joints revealed no pain; motor strength 5/5 in bilateral lower extremities; deep tendon reflexes 2+ throughout; straight leg raise negative bilaterally; and normal sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Facet L4-5, L5 S1 Injections And Left S1 Joint Injection All At Once:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Low back chapter and hip and pelvis chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The previous request was partially certified for left L4-5 and L5-S1 facet injections. The clinical data provided, however, did not support sacroiliac joint mediated pathology, as posted by the clinical guidelines. The physical examination did not indicate the required three special testing procedures positive for sacroiliac joint dysfunction. Given this, the request is not indicated as medically necessary.