

<b>Case Number:</b>	CM14-0063734		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 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 36-year-old male who reported an injury on 09/05/2013. The mechanism of injury was not provided within the review. The injured worker's diagnosis was noted to be lumbar disc disease. The injured worker had prior treatments of injections and medications. The injured worker was noted to have an MRI. A Primary Treating Physician's Report on 04/18/2014 finds the injured worker with subjective complaints of low back pain and leg radiculopathy. The physical examination of the thoracic and lumbar spine noted tenderness in the paralumbar region. In addition, range of motion was impaired with flexion, extension, lateral bending, and rotation. The treatment plan at the time of evaluation was for epidural steroid injections and therapy. The provider's rationale for the request was not provided within the review of the most recent clinical evaluation. A Request for Authorization for medical treatment was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet injection for the low back:** 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks.

**Decision rationale:** The California MTUS/American College of Occupational and Environmental Medicine state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The guidelines provide criteria for use of diagnostic blocks for facet mediated pain. These injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. Documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks must be documented. In addition, documentation should include rhizotomy/neurotomy/radiofrequency ablation to follow in the treatment plan. Clinical presentation must be consistent with facet joint pain. The examination on 04/18/2014 fails to provide an adequate assessment of facet joint mediated pain. Documentation was not specific to tenderness to palpation in the paravertebral area over the facet region, a sensory examination is lacking, and an absence of radicular findings was not provided. The injured worker had an examination that did not include a straight leg raise test. In addition, the provider's request for facet injection did not indicate the specific facet joint levels to be injected. Therefore, the request for facet injection for the low back is not medically necessary.