

<b>Case Number:</b>	CM14-0071686		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/05/2003
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/26/2014
<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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 3/20/14 note indicates back pain. The insured is reported to have bilateral L1 transforaminal ESI with 80 to 85% relief for 3 months. The insured had a left total knee replacement revision 1/2014. 3/12/08 MRI of lumbar spine reported lumbar multi-level spondylosis and bilateral foraminal stenosis. Examination reported tenderness in bilateral lumbar paraspinous regions. There was decreased range of motion. Strength, sensation and reflexes were normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two bilateral L5-S1 facet injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**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, facet joint intra-articular injections.

**Decision rationale:** The medical records provided for review report back pain but do not document physical examination findings consistent with facet mediated pain. Further ODG guidelines do not support more than 1 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. The medical records provided for

review do not demonstrate findings in support of two bilateral L5-S1 facet injections congruent with ODG. The request is not medically necessary and appropriate.