

<b>Case Number:</b>	CM14-0078374		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/02/2009
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 35 year-old individual was reportedly injured on 5/2/2009. The mechanism of injury is not listed. The most recent progress note, dated 5/7/2014. Indicates that there are ongoing complaints of low back pain radiating down the right lower extremity. The physical examination demonstrated: full range of motion of the cervical spine. Deep tendon reflexes of the upper extremities 2+, no appreciable sensory defects of the upper extremities. Motor strength 5/5 bilateral upper extremities. Positive Spurling's. Lumbar spine: flexion 65%, extension 30%, RLV and LLB 30. Lumbar spine full range of motion. Reflexes patella 2+ bilaterally, Achilles 2+ bilaterally. Hypersensitivity noted right lower extremity and foot. Motor strength 5/5 bilaterally. No recent diagnostic studies are available for review. Previous treatment includes spinal cord stimulator, medications, and conservative treatment. A request had been made for lumbar facet injections and was not certified in the pre-authorization process on 5/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine, Facet Joint, Diagnostic Blocks (Injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM 2004 OMPG Low Back, chapter 12 300 Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. After review the medical records provided the treating physician fails to state which level should be injected. Therefore lacking pertinent information this request is deemed not medically necessary.