

<b>Case Number:</b>	CM14-0088224		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 & 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 injured worker is a 61 year old female whose date of injury is 11/24/2012. The injured worker slipped and fell on an avocado peel. Per note dated 05/06/14, the injured worker is working regular duty. On physical examination low back range of motion is decreased with pain on extension and tilt. Sensation is intact in the lower extremities. Straight leg raising is positive on the left, equivocal on the right. Diagnoses are lumbar radiculopathy and low back pain of facet hypertrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5, L5-S1 facet block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Pages 300-301; table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ([http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm))

**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 Chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** Based on the clinical information provided, the request for bilateral L4-5, L5-S1 facet block is not recommended as medically necessary. There is no indication that the

injured worker has undergone any recent active treatment. The injured worker presents with a diagnosis of lumbar radiculopathy. The Official Disability Guidelines note that facet injections are limited to injured workers with low back pain that is non-radicular. Therefore, medical necessity for the requested lumbar facet blocks is not established at this time.