

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0095386 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 06/01/2012 |
| <b>Decision Date:</b> | 10/07/2014   | <b>UR Denial Date:</b>       | 06/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2014 |

### 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 Texas. 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 47 year old male whose date of injury is 06/01/2012. The mechanism of injury is described as shoveling cement. Treatment to date is noted to include medication management, work restrictions, physical therapy, and rest and home exercise program. MRI of the lumbar spine dated 04/22/14 revealed at L4-5 there is mild 2-3 mm circumferential disc bulging; there is right greater than left facet arthropathy. There is significant spinal canal narrowing. At L5-S1 there is mild 2-3 mm broad based disc bulging; there is left greater than right facet arthropathy. There is mild impingement on the left L5 nerve root. Note dated 06/02/14 indicates that the injured worker complains of low back pain mainly on the left side. On physical examination lumbosacral range of motion is decreased. There is mild decreased sensation in the left posterior thigh. Diagnoses are lumbago, lumbosacral spondylosis, carpal tunnel syndrome and shoulder sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-5 and L5-S1 facet joint injection under fluoroscopy guidance:** Upheld

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

**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 left L4-5 and L5-S1 facet joint injection under fluoroscopy guidance is not recommended as medically necessary. There is no comprehensive assessment of recent treatment completed to date or the patient's response thereto submitted for review. There is no indication that the injured worker has undergone any recent active treatment. The Official Disability Guidelines require documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. Therefore, medical necessity is not established.