

<b>Case Number:</b>	CM14-0099375		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/06/2005
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 patient is a 48 year old male who was injured on 10/06/2005. The mechanism of injury is unknown. Diagnostic studies reviewed included CT scan of the lumbar spine dated 04/28/2014 revealed significant changes at L2-3 and L5-s1 Office visit dated 06/30/2014 indicates the patient presented with no change in her symptoms. She has had a CT performed of the lumbar spine and it revealed significant findings at L4-5 and L5-S1. She has mechanical back pain noted which is exacerbated with extension rotation and facet loading. The patient was recommended for facet injection at L4-5 and L5-S1. Prior utilization review dated 05/30/2014 states the request for Lumbar Spine Facet injection at L2-3 is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Spine Facet injection at L2-3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines

**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 - Lumbar and Thoracic, Facet joint diagnostic blocks (injections)

**Decision rationale:** CA MTUS guidelines do not address the request specifically. According to the Official Disability Guidelines, Facet joint diagnostic blocks are recommended no more than one set of medial branch diagnostic blocks prior facet neurotomy and limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. There must also be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS. In this case, there is no supporting documentation of failed conservative treatment, such as results of therapy trials to date. The guideline recommendations have not met therefore, the request is not medically necessary at this time.