

<b>Case Number:</b>	CM14-0189786		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 46 year old male with an injury date on 07/18/2013. Based on the 10/07/2014 progress report provided by the treating physician, the diagnoses are: 1) Lumbosacral Neuritis or Radiculitis Unspecified, 2) Displaced Lumbar Intervertebral Disc. According to this report, the patient complains of "low back pain with a 7 on a scale. The radicular pain is intermittent and increases with bending. There are paresthesias of the left L5-S1 distributions." Exam findings indicate there is a slight to moderate pain to palpation of the left lumbar paraspinal muscles. An MRI of the lumbar spine on 09/12/2013 showed "a 1.3 mm disc at L4-L5 with facet hypertrophy and mild to moderate foraminal stenosis, and a 1.7 mm disc at L5-S1 with facet hypertrophy and mild to moderate foraminal stenosis." There were no other significant findings noted on this report. The utilization review denied the request for bilateral facet joint injection with fluoroscopic at L4-L5 and L5-S1 levels on 10/20/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 02/04/2014 to 10/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**bilateral facet joint injection with fluoroscopy at L4-L5 and L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 chapter under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** According to the 10/07/2014 report, this patient presents with a low back pain with a scale at a 7/10. The current request is for bilateral facet joint injection with fluoroscopic at L4-L5 and L5-S1 levels but the treating physician's report and request for authorization containing the request is not included in the file. Regarding Facet joint diagnostic blocks, MTUS does not address it, but ODG low back chapter recommends it for "low-back pain that is non-radicular and at no more than two levels bilaterally." Review of reports does not show evidence of prior facet injection. In this case, the patient has radicular low back pain with diagnosis of Lumbosacral Neuritis or Radiculitis. In addition, the treating physician failed to document that the patient has paravertebral facet tenderness. ODG does not support facet joint injection with radicular symptoms. The request is not medically necessary.