

<b>Case Number:</b>	CM14-0195135		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 66 year old male with injury date on 6/6/12. The patient complains of localized back pain, radiating into the lower lumbar with stabbing and warmth, pain rated 7/10 per 10/24/14 report. The patient states the pain is constant, and worsens after activity per 8/29/14 report. The patient states that symptoms are improved by no activity and medications (ibuprofen) per 7/18/14 report. Based on the 10/24/14 progress reported provided by the treating physician, the diagnoses are: Chronic lower back pain with L5-S1 degenerative disc disease and severe facet arthropathy at bilateral L5-S1, 3-4mm disc bulge at L2-3 and 3mm at L4-5. A physical exam on 10/24/14 showed "reduced L-spine range of motion, with flexion 30 degrees. Straight leg raise is positive at 70 degrees. Tenderness to palpation right worse than left L5-S1 posteriorly." The patient's treatment history includes only medications (Ibuprofen). The treating physician is requesting one (1) bilateral facet injection at L5-S1 under myelography and fluoroscopic guidance. The utilization review determination being challenged is dated 11/13/14. The requesting physician provided treatment reports from 4/18/14 to 10/24/14

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) bilateral facet injection at L5-Sunder myelography and fluoroscopic guidance:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: low back, section on diagnostic facet blocks: ODG Low back, section on Facet joint intra-articular injections (therapeutic blocks)

**Decision rationale:** This patient presents with back pain. The treater has asked for one (1) bilateral facet injection at L5-S1 under myelography and fluoroscopic guidance on 10/24/14. Review of the reports does not show any evidence of a diagnostic facet evaluation being done in the past. Regarding facet diagnostic injections, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the patient has chronic back pain and has failed conservative treatment. However, the patient has a positive straight leg raise during physical exam suggestive of radicular symptoms. Facet diagnostic evaluations are not indicated when radicular symptoms are present. Furthermore, there is no documentation of facet tenderness in the paravertebral musculature of the lumbar with pain that is lateralized. The request IS NOT medically necessary.