

<b>Case Number:</b>	CM14-0197939		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/02/2007
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 44 year old female, who sustained an industrial injury on May 2, 2007. The diagnoses have included low back pain and lumbar disc disease. Treatment to date has included pain medication and epidural steroid injection. Currently, the injured worker complains of chronic low back pain which radiates into the buttock. An epidural steroid injection provided moderate relief at 50% for over six weeks. She reported numbness, tingling and weakness. On examination, the evaluating physician noted that the injured worker had an antalgic gait with tenderness to palpation over the paraspinal muscles. A straight leg raise test was positive. On November 7, 2014, Utilization Review non-certified a request for bilateral L3-4 facet injections, noting that with the evidence of radiating pain improved by epidural steroid injection and recent positive nerve tension sign, the request was not supported. The ACOEM, ODG and California MTUS were cited. On November 25, 2014, the injured worker submitted an application for IMR for review of bilateral L3-4 facet injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-4 facet injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections)

**Decision rationale:** The requested Bilateral L3-4 facet injections, is not medically necessary. CA MTUS is silent and ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. "The injured worker has f chronic low back pain which radiates into the buttock. The treating physician has documented an antalgic gait with tenderness to palpation over the paraspinal muscles. A straight leg raise test was positive. The treating physician has documented symptoms and exam findings consistent with radicular pain, which is a negative guideline criteria for facet injections. The criteria noted above not having been met, Bilateral L3-4 facet injections is not medically necessary.