

<b>Case Number:</b>	CM14-0051177		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Internal Medicine, 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 injured worker (IW) is a 68-year-old woman with a date of injury of July 26, 2013. The mechanism of injury was lifting boxes of coins, causing shooting pain in the left side of the lower back. The IW has been diagnosed with sprain/strain of the left lumbar region; and strain/sprain, knee. According to the PR-2 dated September 13, 2013 (pg. 29), the IW complains of low back pain with radiating pain down the left leg. The provider reports that the left knee examination is normal, so the symptoms are likely from lumbar radiculopathy. Pursuant to the Primary Treating Physician's Progress Reports (PR-2) dated March 3, 2014, the IW complains of left low back pain radiating down the buttocks/leg. The IW has completed 12 sessions of physical therapy with some temporary improvement. Chiropractic therapy has been authorized, but IW has only been able to complete 4 sessions due to her work schedule. Objective physical findings reveal tenderness to palpation bilateral paraspinals at L3-S1. Range of motion is mildly restricted with flexion at 50 degrees, and extension at 10 degrees. Facet loading test is negative, and straight leg raise test on the left is questionably positive. Treatment plan includes continue icing, Ibuprofen home exercises and chiropractic therapy. The current request is for left lumbar facet injection at L4-L5, and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lumbar facet injection at L4-L5,L5-S1 qty:2.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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, Facet Mediated Block

**Decision rationale:** Pursuant to the Official Disability Guidelines, left lumbar facet injection at L4 - L5 and L5 - S1 is not medically necessary. The guidelines enumerate the criteria for diagnostic blocks for facet "mediated" pain. These criteria include, but are not limited to, patients with low back pain that is non-radicular and no more than two levels bilaterally; there is documentation of failure of conservative treatment; etc. See guidelines for specific details. In this case, the injured worker's working diagnoses are left lumbar sprain/strain and left knee sprain/strain. The injured worker's complaints are left lower back that radiated into the left leg. Physical examination is notable for tenderness over the left lumbar spine, range of motion is mildly decreased. A progress note dated September 13th 2013 makes mention of a likely left lumbar radiculopathy. Additionally, the injured worker has symptoms of left lumbar radiculopathy. The criteria for lumbar facet injections mandate low back pain is non-radicular in nature. Consequently, lumbar facet injections are not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, left lumbar facet injection at L4 - L5 and L5 - S1 is not medically necessary.