

<b>Case Number:</b>	CM15-0004499		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 28 year old male, who sustained an industrial injury on 4/9/2014. The current diagnoses are lumbar spine strain and facet inflammation. In the progress report dated 12/8/2014, there were no formal complaints of lumbar pain noted. MRI of the lumbar spine on 8/8/2014 was negative for impingement, but did show posterior disc bulge. The treating physician is requesting lumbar facet injections L4-L5 on the right side, which is now under review. On 12/29/2014, Utilization Review had non-certified a request for lumbar facet injections L4-L5 on the right side. The lumbar facet injections L4-L5 on the right side were non-certified based on no documentation of x-rays or MRI testing to confirm facet joint pathology. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet injections L4-L5 on the right side:** 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** This 28 year old male has complained of low back pain since the date of injury 4/9/14. He has been treated with medications. The current request is for lumbar facet injections L4-5 on the right side. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, lumbar facet injections L4-5 are not indicated as medically necessary.