

<b>Case Number:</b>	CM15-0006369		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37-year-old male who reported an injury on 06/28/2013, due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to the low back, neck, right shoulder, right knee and right elbow. The injured worker's treatment history included physical therapy and multiple medications. The injured worker was evaluated on 12/05/2014. It was noted that the injured worker had low back pain radiating into the bilateral lower extremities. It was noted that the injured worker had previously been denied a microdiscectomy. Physical findings included moderate discomfort on palpation to the mid lumbar spine, with a positive straight leg raise test to the left at 45 degrees and diminished sensation to light touch of the left lateral shin and anterior shin with dorsiflexion 4-/5. The injured worker's diagnoses included lumbar disc displacement with radiculopathy. The injured worker's treatment plan included facet injections at the L5-S1 for diagnostic and therapeutic purposes. Request for Authorization form dated 12/05/2014, was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One L5 - S1 Facet block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The requested 1 L5-S1 facet block is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support therapeutic facet injections. Official Disability Guidelines recommend facet injections for facet mediate pain that has failed to respond to conservative treatment and in the absence of radiculopathy. The clinical documentation submitted for review indicates that the injured worker has radicular symptoms in the L5-S1 distribution. Therefore, facet blocks would not be supported in this clinical situation. As such, the requested 1 L5-S1 facet block is not medically necessary or appropriate.

**One Outpatient facility:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.