

<b>Case Number:</b>	CM15-0019232		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	12/21/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Arizona

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 53-year-old male who reported an injury on 12/21/2013. The mechanism of injury involved a fall. The current diagnoses include cervical myoligamentous injury, thoracic myoligamentous injury, and lumbar myoligamentous injury with lumbar facet syndrome. The injured worker presented on 01/06/2015 for a comprehensive pain management consultation. It was noted that the injured worker was initially treated with chiropractic therapy and physical therapy. The injured worker presented with complaints of persistent low back pain with radiation into the right lower extremity. The injured worker also reported neck pain. The current medication regimen includes ibuprofen 800 mg. upon examination of the lumbar spine, there was tenderness to palpation with increased muscle rigidity, numerous trigger points, decreased range of motion with guarding, positive facet loading bilaterally, 40 degree flexion, 20 degree extension, 20 degree lateral bending, diminished Achilles reflexes bilaterally, and diminished motor strength in the right lower extremity. Straight leg raisings was positive at 60 degrees, causing axial low back pain. Recommendations at that time included intra-articular facet joint injections at L3-4, L4-5, and L5-S1. There was no Request for Authorization Form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Facet Joint L3-4 L4-5 L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic block.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when the clinical presentation is consistent with facet joint pain. In this case, it was noted that the injured worker had positive facet loading upon examination. However, the injured worker reported persistent low back pain with radiation into the right lower extremity. The injured worker also had decreased motor strength, diminished deep tendon reflexes, and positive straight leg raise. Facet joint injections are not recommended for patients with low back pain that is radicular in nature. Therefore, the request is not medically appropriate in this case.