

<b>Case Number:</b>	CM15-0144494		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 42 year old male, who sustained an industrial injury on 11-18-14. He reported pain in his neck, lower back and shoulders. The injured worker was diagnosed as having lumbar sprain and low back pain. Treatment to date has included an EMG-NCV of the lower extremities on 4-15-15 showing bilateral L5 radiculopathy, physical therapy and a lumbar brace. As of the PR2 dated 5-11-15, the injured worker reports pain with twisting and rotation. Objective findings include lumbar flexion 50 degrees, extension 30 degrees and a positive straight leg raise test bilaterally at 75 degrees. The treating physician requested a lumbar facet injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Facet Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Criteria for the use of diagnostic blocks for facet "mediated" pain.

**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 and pg 38.

**Decision rationale:** According to the guidelines facet injections are under study but Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In this case, prior diagnostics (EMG noted in the history) indicate radiculopathy. The injections are under study. The request for a facet injection is not medically necessary.