

<b>Case Number:</b>	CM15-0147831		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	08/01/2000
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: New Jersey, New York  
 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 53-year-old male who sustained an industrial injury on 08-01-2000. Mechanism of injury was not found in documents presented for review. Diagnoses include lumbar degenerative disc disease with intractable lower back pain secondary to industrial injury, lumbar spondylosis sequela to industrial injury, facet mediated pain secondary to industrial injury, insomnia secondary to pain, and situational stress. Treatment to date has included diagnostic studies, medications, and spinal injections. He continues to work fulltime. Current medications were not provided. A physician progress note dated 06-17-2015 documents the injured worker complains of increased pain in his low back. On examination, there is positive tenderness to palpation over the bilateral lumbar spine at approximately L3 to L5. His pain radiates through the buttock and down the back of the leg just above the knees. Positive paraspinous muscle bundles are present. Lumbar range of motion is restricted and stiff. He is awakened about 3-4 times a night secondary to pain. He rates his pain as 6 out of 10. The treatment plan is to proceed with the lumbar Magnetic Resonance Imaging, continue with medication regime, and a follow up visit in 1 month. Treatment requested is for Left L3-4 Lumbar facet joint injection Qty: 1.00, Left L4-5 Lumbar facet joint injection Qty: 1.00, Right L3-4 Lumbar facet joint injection Qty: 1.00 and Right L4-5 Lumbar facet joint injection Qty: 1.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3-4 Lumbar facet joint injection Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Criteria for the use of diagnostic blocks for facet.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint injections, low back.

**Decision rationale:** The request is considered not medically necessary. MTUS guidelines do not address this. According to the ODG guidelines, the criteria to perform a facet joint injection includes back pain that is non-radicular which does not apply to this patient. The patient was documented to have back pain radiating to the lower extremities. Therefore, the request is considered not medically necessary.

**Left L3-4 Lumbar facet joint injection Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Criteria for the use of diagnostic blocks for facet.

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**Decision rationale:** The request is considered not medically necessary. MTUS guidelines do not address this. According to the ODG guidelines, the criteria to perform a facet joint injection includes back pain that is non-radicular which does not apply to this patient. The patient was documented to have back pain radiating to the lower extremities. Therefore, the request is considered not medically necessary.

**Right L4-5 Lumbar facet joint injection Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Criteria for the use of diagnostic blocks for facet.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint injections, low back.

**Decision rationale:** The request is considered not medically necessary. MTUS guidelines do not address this. According to the ODG guidelines, the criteria to perform a facet joint injection

includes back pain that is non-radicular which does not apply to this patient. The patient was documented to have back pain radiating to the lower extremities. Therefore, the request is considered not medically necessary.

**Left L4-5 Lumbar facet joint injection Qty: 1.00: Upheld**

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