

<b>Case Number:</b>	CM15-0197082		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 54 year old male, who sustained an industrial injury on April 2, 2013, incurring right shoulder and right knee injuries. He was diagnosed with a right shoulder partial thickness rotator cuff tear, impingement syndrome, acromioclavicular joint arthritis and right knee chondromalacia with osteoarthritis. Treatment included pain medications, sleep aides, physical therapy, steroid injections and surgical interventions. Currently, the injured worker complained of persistent shoulder and knee pain, upper and lower back pain. He was noted to have restricted range of motion and pain on flexion and extension of the shoulder joint. His pain worsened with increased activity, cold weather, walking and sitting too long. There was evidence of an effusion and increased pain with flexion of the right knee. He complained of low back pain radiating down both legs and neck pain with stiffness, headaches and pain and numbness radiating into the arms and hands. The injured worker denied having any back symptoms in the past. He had difficulty with activities of daily living including sleeping, working, lifting, personal grooming and dressing, walking, sitting and standing. He was diagnosed with a cervical sprain and a lumbar sprain, lumbar stenosis and cervical radiculopathy. The treatment plan that was requested for authorization on October 6, 2015, included bilateral lumbosacral branch facet injections under fluoroscopy. On September 14, 2015, a request for lumbosacral facet injections was not approved by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5, L5-S1 medial branch L5-S1 facet injection under fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar facet injections.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints, page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks requires that the clinical presentation be consistent with the set mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case, the exam note from 10/6/15 demonstrates radicular complaints. Therefore, the request is not medically necessary.