

<b>Case Number:</b>	CM15-0023484		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Nevada, California  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 61-year-old female who reported an injury on 04/19/2013 due to an unspecified mechanism of injury. On 01/29/2015, she presented for a follow-up evaluation regarding her work related injury. She reported continued severe low back pain that radiated into the bilateral legs and anteriorly into the hips. She was noted to be taking ibuprofen and Norco as needed for pain. A physical examination showed tenderness to palpation across the low back with range of motion not assessed due to the possibility of a fracture. She had 1+ reflexes of knees and ankles, and sensation was diminished along the lateral aspect of the left thigh. Her EHL strength bilaterally was a 4/5, and straight leg raise was negative. She was diagnosed with a left knee injury, grade 1 degenerative anterolisthesis at the L4-5, and superior endplate compression of the L2-3. The treatment plan was for bilateral facet injections under fluoroscopy at the L4-5 and L5-S1 levels. The rationale for treatment was not stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral facet injections under fluoroscopy at the L4-5 and L5-S1 levels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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, Facet Joint Diagnostic Blocks.

**Decision rationale:** The Official Disability Guidelines recommend facet injections when the injured worker's signs and symptoms are consistent with facet joint pain and when there is evidence that conservative treatment has failed for at least 4 to 6 weeks prior to the requested procedure. They are also only limited to those with low back pain that is nonradicular. The documentation provided shows that the injured worker has decreased sensation and strength on physical examination. These signs and symptoms are indicative of radiculopathy. Therefore, facet joint blocks would not be supported. Also, the documentation does not indicate that the injured worker has signs and symptoms consistent with facet joint pain. In addition, there is a lack of information regarding failure of recommended conservative treatment for at least 4 to 6 weeks prior to the procedure to support the request. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.