

<b>Case Number:</b>	CM15-0041214		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	11/26/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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

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 47 year old male, who sustained an industrial injury on 11/26/2010. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 01/29/2015 the injured worker has reported head pain, back pain and left arm pain. On examination he was noted to have antalgic gait and lumbar spine was noted as decreased range of motion with increased pain. And tenderness was noted on palpation of the inferior lumbar spine region. The diagnoses have included cervicalgia, degenerative of cervical intervertebral disc, lumbago, lumbosacral spondylosis without myelopathy and degeneration of lumbar intervertebral disc and brachial neuritis and radiculitis NOS. Treatment to date has included medication, cervical spine MRI, urine drug screen and follow up care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient intra-articular facet injections at bilateral L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation (ODG-TWC), 2015 web-based edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, diagnostic facet blocks low back chapter, Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** Based on the 2/3/15 progress report provided by the treating physician, this patient presents with continued low back pain, which when it gets severe especially after rest is referred to the left gluteal region and just inferior to that, with pain rated 6/10. The treater has asked for OUTPATIENT INTRA-ARTICULAR FACET INJECTIONS AT BILATERAL L4-5, L5-S1 on 2/3/15. The patient's diagnoses per Request for Authorization form dated 1/12/15 are degeneration of cervical intervertebral disc, cervicalgia. The patient has not had prior facet diagnostic evaluations. The patient's pain relief medication has given 60% pain relief this week as of 2/3/15 report. The patient's work status is temporarily disabled, but the report also indicates that the patient is currently working in retail at [REDACTED]. ODG, Low Back – Lumbar & Thoracic (Acute & Chronic) chapter, under Facet joint radiofrequency neurotomy states: ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. In this case, the patient has not had a prior diagnostic facet evaluation. The patient does have a normal straight leg raise, a normal sensory exam, and an absence of radicular findings. There is tenderness to palpation of the inferior lumbar region on exam, but no evidence of paravertebral facet tenderness which is a requirement per ODG guidelines. The patient's pain is also noted to be located in the gluteal and just inferior to this which is not in paravertebral region. Therefore, the request for a facet diagnostic evaluation at bilateral L4-5, L5-S1 IS NOT medically necessary.