

<b>Case Number:</b>	CM15-0043643		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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 55-year-old male who sustained a work related injury June 18, 2014. The only medical record available for review is an MRI of the lumbar spine, dated August 13, 2014. The clinical information revealed low back pain without lower extremity radiculopathy. The impression is documented as normal MRI of the lumbar spine. A request for authorization form dated February 4, 2015, requests L4-L5, L5-S1 facet injection with a notation that an anesthesiologist may or may not be used for the procedure; diagnosis documented as lumbar spine pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5, L5-S1 facet injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Low Back Procedure Summary last updated 01/30/2015.

**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, facet injections.

**Decision rationale:** The patient presents with low back pain. The request is for L4-5, L5-S1 facet injection. Regarding facet injections to the lumbar spine, ODG guidelines, under Low Back Chapter facet injections section, "Under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful (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)." ODG guidelines also do not support facet evaluations or injections at the levels that are fused. ODG does not support facet evaluation if radiculopathy is present. In this case, the treater provided only MRI report on 08/13/14. The treater does not explain why facet injection is being requested. MRI of the lumbar spine is normal. Regarding L4-5 and L5-S1, MRI shows "The intervertebral disc is of normal height and signal intensity. There are no focal disc abnormalities. The neural foramina and facets are normal." No examination is provided showing facet joint tenderness or lateralized back pain. Absence of radicular symptoms or sensory findings are not discussed either. The request is not medically necessary.