

<b>Case Number:</b>	CM15-0052752		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: North Carolina  
 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 50-year-old male, who sustained a work/ industrial injury on 11/14/13. He has reported initial symptoms of back pain with radiation down left leg with numbness and tingling. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy. Treatments to date included medication, diagnostics, activity modification, and home exercise program. Magnetic Resonance Imaging (MRI) was performed demonstrated multilevel degenerative changes. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 11/3/14. X-ray's were performed demonstrated multilevel degenerative changes. Currently, the injured worker complains of lower back pain. The treating physician's report (PR-2) from 1/12/15 indicated radicular symptoms of left lower extremity with positive straight leg rise. Treatment plan included injection of paravertebral facet joint C/T 2 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJ PARAVERT F JNT C/T 2 LEV:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The ACOEM chapter on low back complaints states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews, as their benefit remains controversial. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. For these reasons, the request does not meet criteria guidelines and therefore is not medically necessary.