

<b>Case Number:</b>	CM15-0062175		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Emergency Medicine

### 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 21-year-old male, who sustained an industrial injury on 4/09/2014. He reported carrying a beam on his left shoulder, trip and fall, with impact to his low back. The injured worker was diagnosed as having lumbar facet joint syndrome and lumbar strain/sprain. Treatment to date has included diagnostics, chiropractic, acupuncture, exercises, and relafen. There has not been any trial of physical therapy, NSAIDs or any other 1st line medications. Magnetic resonance imaging of the lumbar spine (9/15/2014) was submitted. Currently, the injured worker complains of left lower back pain, rated 4/10, but ranging from 3-8. Lumbar extension exacerbated his pain and positive left lumbar facet provocative maneuvers were documented. Palpation produced tenderness at the left lower lumbar paraspinals over the facet joints. The treatment plan included left L4-5 and L5-S1 facet joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4/L5 and L5/S1 facet injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG: Low Back: Facet Joint Intra-Articular Injections (Therapeutic Blocks), ODG: Low Back: Facet Joint Medial Branch Blocks (Therapeutic Injections).

**Decision rationale:** As per ACOEM Guidelines, the evidence to support facet injection in lumbar region is poor. Official Disability Guidelines were reviewed for more specific criteria. As per Official Disability Guidelines, evidence to support therapeutic facet injection for lumbar region is poor. It recommends injection only failure of 1st line conservative modalities and then injection only with concurrent long term plan with rehabilitation using evidence based modalities like physical therapy/exercise and medications. Injection may be useful as a diagnostic tool but patient still does not meet criteria for diagnostic injection. Pt has not yet failed conservative management and the rationale for request only list pain control as reasoning for injection. Facet injection is not medically necessary.