

<b>Case Number:</b>	CM15-0237576		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	09/01/1999
<b>Decision Date:</b>	01/19/2016	<b>UR Denial Date:</b>	11/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 63 year old female, who sustained an industrial injury on 9-1-99. Medical records indicate that the injured worker is undergoing treatment for chronic back pain, lumbar radiculopathy, lumbar disc protrusion, lumbar degenerative disc disease and lumbar spondylosis without myelopathy. The injured workers current work status was not identified. On (10-32-15 and 9-9-15) the injured worker complained of low back pain, neck pain and bilateral shoulder pain. The pain had not changed from the prior visit. The pain was rated 6 out of 10 on the visual analog scale. The treating physician noted that the previous procedure (unspecified) performed in the office was helpful in alleviating symptoms by 50% for six weeks. Examination of the lumbar spine revealed tenderness, pain and spasms. Treatment and evaluation to date has included medications, x-rays , MRI of the left shoulder and lumbar and cervical spine, urine drug screen, physical therapy, back brace, lumbar medial branch block, left shoulder injection and a home exercise program. Current medications include Mobic, ibuprofen, Diclofenac EC, Celebrex, Aspirin, Arthrotec and Gabapentin. The current treatment request is for a facet injection to the lumbar spine times three. The Utilization Review documentation dated 11-25-15 non-certified the request for facet injection to the lumbar spine times three.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet injection lumbar spine x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Facet joint intra-articular injections (therapeutic blocks).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Per the guidelines, invasive techniques such as joint injections are of questionable merit in low back pain. Though the history and exam do suggest radicular pathology, the worker does not meet the criteria, as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, or medications. A lumbar facet joint block is not medically necessary.