

<b>Case Number:</b>	CM14-0143912		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient sustained an injury after hanging up clothes on December 4 of 2013. The patient was seen for reevaluation regarding low back pain. Patient had been taking medications that were helpful and well tolerated. Low back pain radiated into the hips and buttocks and occasionally into the right foot. There was normal strength in the lower extremities. Sensation was intact and equal. Reflexes were normal. There was tenderness over the paraspinal muscle groups and bilateral and bilateral L3- L4, L4-L5 and L5 -S1 facet joints, right greater than left. There was increased pain with flexion and extension. The treatment plan included home exercise program, a TENS unit, heat and ice. Diagnostic studies included MRI lumbar spine dated December 20, 2013. It documented at L3 L4 there was mild spondylosis and facet osteoarthritis causing mild bilateral neural foraminal narrowing without central stenosis. There was L4L5 spondylosis, intra-foraminal disc protrusion and facet osteoarthritis causing mild bilateral neural foraminal narrowing. There was a L5-S1 spondylosis and facet osteoarthritis causing no significant central stenosis or neural foramina narrowing. MRI of the lumbar spine dated January 14, 2014 documented "degenerative disc disease and facet osteoarthritis causing mild foraminal narrowing at L3 L4 and L4 L5. There was no evidence of central stenosis. Patient underwent massage and chiropractic treatment. Diagnoses listed in the medical record include low back pain, lumbar disc bulging, lumbar facet pain, sacroiliac joint pain, lumbar degenerative disc disease, myofascial pain, and chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet joint injection, right L3-L4, L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Blocks (injections)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter; Facet Joint Intra-articular Injections ([www.ODG-TWC.com/index.html](http://www.ODG-TWC.com/index.html))

**Decision rationale:** The treating physician requested facet joint injections at three levels, L3-L4, L4-L5 and L5-S1. The official disability guidelines (ODG) set forth the criteria to be followed for facet joint diagnostic blocks/injections to be medically necessary. The patient gave a clear history of radicular symptoms with pain radiating down the buttocks and lower extremities. The criteria in the ODG guidelines state facet joint injections should be limited to patients with low back pain that is non-radicular. Additionally, no more than two facet joint levels are injected in one session. The treating physician indicated three levels in his request to be injected. Based on the clinical documentation contained in the medical record and the ODG guidelines, the request for facet joint injections L3 L4, L4-L5, L5-S1 levels are not medically necessary.