

<b>Case Number:</b>	CM14-0166715		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of August 5, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier epidural steroid injection therapy; sacroiliac joint injections; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 22, 2014, the claims administrator denied a request for thoracic and lumbar facet injections. In a progress note dated September 16, 2014, the applicant was placed off of work, on total temporary disability. The applicant exhibited various diagnoses including thoracic strain, lumbar strain, degenerative joint disease of the lumbar spine, spondylolisthesis, herniated nucleus pulposus of the lumbar spine, and severe, unresolved sciatica. Another "round" of epidural steroid injection was sought while the applicant was placed off of work, on total temporary disability. In an earlier note dated September 4, 2014, the applicant reported persistent complaints of mid and low back pain. Lumbar and thoracic facet injections were sought through a pain management physician while the applicant was placed off of work, on total temporary disability. It was stated that the facet injections were being sought to target the applicant's issues with degenerative joint disease of the spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic and Lumbar Facet Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, and the Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181, 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, facet joint injections, as are being sought here, are deemed "not recommended" for ongoing low back pain complaints. Similarly, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 also notes that facet injections and corticosteroids are "not recommended" for upper back/thoracic spine complaints, as are also apparently present here. In this case, it is further noted that there is considerable lack of diagnostic clarity. The attending provider has given the applicant various operating diagnoses, including herniation of the lumbar intervertebral disk with radiculopathy, degenerative joint disease of the lumbar spine, spondylolisthesis, nonspecific thoracic spine pain, sacroiliac joint pain, etc. The fact that the applicant was given multiple other interventional spine procedures, including SI joint injections, epidural injections, etc., further adds to the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the articles at issue.