

<b>Case Number:</b>	CM14-0212929		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 25, 2011. In a Utilization Review Report dated November 26, 2014, the claims administrator failed to approve a request for multilevel lumbar facet injections. The applicant was status post an earlier multilevel lumbar diskectomy procedure, it was noted. The claims administrator referenced a November 17, 2014 progress note in its determination. The applicant's attorney subsequently appealed. Lumbar MRI imaging dated June 20, 2014 was notable for a recurrent small lateral extruded disk at L3-L4 with associated L4 nerve root impingement. Evidence of an L3-L4 and L5-S1 laminectomy was present with additional degenerative changes. On June 23, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant exhibited 4-/5 left lower extremity strength versus well preserved right lower extremity strength. Positive straight leg raising was noted on the left side with hyposensorium noted about the left thigh. Some left thigh atrophy was also noted. On September 22, 2014, the applicant was asked to undergo repeat lumbar MRI imaging, this time with contrast, to determine the applicant's suitability for surgical intervention. The applicant was apparently working with restrictions, it was suggested. Continued radiation of pain to the left thigh was evident. On November 13, 2014, the applicant's spine surgeon stated that he did not recommend further surgical intervention, despite ongoing complaints of low back pain radiating to the bilateral knees. The attending provider suggested that the applicant consider referral to pain management for bilateral multilevel facet blocks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-L4, L5-S1 Facet Injection Qty: 4.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation, Online Edition Chapter: Low Back- Lumbar and Thoracic (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, the article at issue, are deemed "not recommended." It is further noted that there is a significant lack of diagnostic clarity present here. The applicant continues to report persistent complaints of low back pain radiating to the legs, suggestive of an active radicular process following earlier failed multilevel lumbar discectomy surgery. A recent lumbar MRI imaging of 2014 did appear to establish some radiographic corroboration for the applicant's radicular complaints. The request, thus, is not indicated both owing to the (a) unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request was/is not medically necessary.