

<b>Case Number:</b>	CM14-0214095		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

10/21/14 note reports use of CPAP for sleep disorder. There is low back pain with examination noting limited extension with limited rotation. There was request for intraarticular facet injections of L4-5 and L5-S1 joints. 7/8/14 note reports pain in the low back. MRI is reported show annular bulge at L4-5 with mild to moderate left and right foraminal narrowing. Epidural in lumbar spine was done 6/2/14 with no reported response. Examination notes normal range of motion in the neck. There is bilateral lumbar paraspinous tenderness. Pain is not worse with flexion or extension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar intraarticular facet injections at bilateral L4-5 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- Low Back

**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, facet injection.

**Decision rationale:** The medical records provided for review report back pain but do not document physical examination findings consistent with facet mediated pain. Further ODG guidelines do not support more than 1 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. The medical records provided for review do not demonstrate findings in support of facet injections congruent with ODG. Therefore, this request is not medically necessary.