

<b>Case Number:</b>	CM15-0008348		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48-year-old male who reported an injury on 06/30/2011. The mechanism of injury was not stated. The current diagnoses include backache, lumbar pain, radiculopathy and lumbosacral spondylosis without myelopathy. The injured worker presented on 12/02/2014 with complaints of persistent low back pain. The injured worker was participating in physical therapy. Upon examination, there was palpable twitch positive trigger points noted in the lumbar paraspinous muscles with decreased and painful extension to 5 degrees. Motor strength was grossly normal. Sensation was also intact. Recommendations at that time included continuation of the current medication regimen of Norco 10/325 mg, cyclobenzaprine 7.5 mg and Ultram 50 mg. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 facet injections x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Criteria for the use of Diagnostic Blocks for Facet Nerve Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when there is clinical presentation consistent with facet joint pain, signs and symptoms. In this case, there was no documentation of facet mediated pain upon examination. Therefore, the current request is not medically appropriate in this case.