

<b>Case Number:</b>	CM15-0129328		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/10/2006
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 48 year old male who sustained a work related injury March 10, 2006. According to a primary treating physician's progress report, dated June 1, 2015, the injured worker presented with chronic low back pain, rated 7 out of 10, with radiation to the lower extremities and abdominal pain. Walking is increasing his pain and he is using his back brace on an as needed basis, not daily. Current medications included Gabapentin, Norco, Lunesta, Omeprazole, and Lidopro. Physical examination revealed; tenderness over the lower right lumbosacral facet joints; back flexion and extension were 10-20%; extension and lateral rotation were painful; straight leg raise negative; sensation intact and gait antalgic. Diagnoses are post- operative chronic pain; inguinal hernia pain; lumbar degenerative disc disease; gastritis. Treatment plan included a TPI (trigger point injection) administered (unspecified), continue with medication, psychiatrist medication evaluation, and at issue, a request for authorization for a right L4-5, L5-S1 facet joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5, L5-S1 Facet Joint Injection under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic 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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2006 and continues to be treated for chronic low back pain with lower extremity radiating symptoms and abdominal pain. When seen, he was having pain radiating into the lower extremities. Physical examination findings included right lower lumbar facet joint tenderness and decreased range of motion and pain with extension and lateral rotation. Straight leg raising was negative. There was normal strength and sensation. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant is having radicular symptoms. The requested facet injection procedure is not medically necessary.