

<b>Case Number:</b>	CM15-0140309		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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

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 injured worker is a 28 year old male, who sustained an industrial injury on August 12, 2013, incurring low back injuries. He was diagnosed with lumbar sprain, lumbar disc disease with disc herniation and bulging and lumbar radiculopathy. Treatment included pain medications, neuropathic medications, muscle relaxants, steroid injections and activity restrictions. The injured worker had little relief from medications and injections. He underwent a lumbar micro-discectomy on May 13, 2015. Currently, the injured worker complained of constant low back pain radiating to the lower extremities, buttocks and right calf exacerbated with bending and lifting. He noted difficulty with sitting, standing and walking. The treatment plan that was requested for authorization on July 20, 2015, included a right lumbar facet injection and a referral for treatment of the lumbar spine. On July 21, 2015, a request for a lumbar facet injection and a referral for treatment of the lumbar spine was non-certified by utilization review. Sept 2015 the operating surgeon suspected a recurrent disc herniation due to a worsening right sided radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet injection at right L4-5 and L3-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 injections.

**Decision rationale:** MTUS Guidelines do not adequately address this issue. ODG Guidelines address this issue in detail and the Guidelines do not support facet injections/blocks if there is an active radiculopathy. The recent narratives from the operating neurosurgeon document a worsening right sided radiculopathy and the diagnosis includes the possibility of a recurrent disc herniation. Under these circumstances, the Facet injection at right L4-5 and L3-5 is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The Facet injection at right L4-5 and L3-5 is not medically necessary.

**Referral for treatment of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004,  
Section(s): Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** MTUS Guidelines support referrals if a condition is outside of the expertise of the treating physician. However, this request is directly related to the request for the facet injections and this individual is being followed by a spinal surgeon. But, for the request for the facet injections the request for the referral for treatment of the spine would not be necessary. The facet injections are not medically necessary. Under these circumstances, the Referral for treatment of the lumbar spine is not medically necessary.