

<b>Case Number:</b>	CM15-0076260		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Pennsylvania, Ohio, California  
 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 35-year-old male who sustained a work related injury July 7, 2014. He was lifting equipment, fell, and developed low back and right arm pain. He was diagnosed in the emergency department with a radial head fracture and treated with medication and a right arm splint. According to a primary treating physician's progress report dated, March 13, 2015, the injured worker presented for follow-up of chronic low back pain into the buttocks and right elbow pain. He also complains of intermittent pain into the right leg to the calf. An MRI was performed March 5, 2015, revealing L2-L3, L3-L4, L4-L5, posterior broad based disc protrusion approximately 0.5mm without evidence of stenosis and L5-S1 diffuse disc dissection. Diagnosis is documented as sprain/strain lumbar region. Treatment plan included request for authorization for bilateral lumbar facet joint injection at L5-S1 under fluoroscopic guidance with intravenous sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral L5-S1 facet joint injection under fluoroscopic guidance with IV sedation:**  
 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, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** ACOEM concludes that invasive techniques such as facet injections are of questionable merit. The records do not provide an alternate rationale in support of the requested treatment. This request is not medically necessary.