

<b>Case Number:</b>	CM15-0094423		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Physical Medicine & Rehabilitation, Pain Management, 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 55-year-old male, who sustained an industrial injury on 10/10/2012. He reported back pain after hearing a "pop" while performing lifting type activities. Diagnoses include lumbosacral sprain/strain, degenerative disc disease, and lumbar disc herniation. Treatments to date include anti-inflammatory, analgesic, physical therapy, home exercise, TENS unit, and epidural steroid injection. Currently, he complained of chronic lower back pain with radiation to the left thigh. Pain was rated 8/10 VAS without medication and 7/10 VAS with medication. There were three prior epidural injections administered resulting in improvement in symptoms after two, the last providing relief for several months. Current medication included Ibuprofen. On 4/21/15, the physical examination documented decreased lumbar mobility, muscle spasm and tenderness. The plan of care included left lumbar facet injection at levels L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lumbar facet injection at L4-L5, 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Diagnostic Blocks (injections).

**Decision rationale:** ODG states that facet joint injections are an option to treat facet-mediated pain. However, the majority of back exams provided for review do not describe any pain elicited with quadrant loading or trunk extension. The clinical findings supporting the presence of facet-mediated pain are not there and therefore this request for facet injections is not medically necessary.