

<b>Case Number:</b>	CM13-0045067		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/19/2005
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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: Nevada, California  
 Certification(s)/Specialty: Anesthesiology, 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 patient is a 73 year old female whose date of injury is 01/19/2005. The patient was helping lift a patient having a seizure when she injured her low back. MRI of the lumbar spine dated 02/21/13 revealed severe spinal canal stenosis at L3-4 and L4-5 and moderate spinal canal stenosis at L5-S1. The patient underwent L5-S1 epidural steroid injection on 03/20/13 and L4-5 epidural steroid injection on 03/27/13. Progress report dated 04/16/13 indicates that the patient reports 80 percent decrease of radicular lower extremity pain and 70-75 percent decrease of low back pain. The patient subsequently underwent lumbar facet injection on the left at L3-4, L4-5 and L5-S1 on 11/06/13 and on the right on 11/13/13. Follow up note dated 12/17/13 indicates that medications include Allopurinol, aspirin, Omeprazole, Senna, and Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Facet Joint Injection at L3-4, L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS 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 blocks (injections).

**Decision rationale:** Based on the clinical information provided, the request for bilateral facet joint injection at L3-4, L4-5 and L5-S1 is not recommended as medically necessary. ACOEM Guidelines note that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines Low Back Chapter supports facet joint injections for patients with low back pain that is non-radicular and at no more than two joint levels. The current request exceeds guideline recommendations. Therefore the request is not medically necessary.