

<b>Case Number:</b>	CM13-0013532		
<b>Date Assigned:</b>	09/25/2013	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services.

### 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 23-year-old female clerk at [REDACTED] who sustained an industrial injury on 10/23/2011. The mechanism of injury was squatting and the accepted body region includes the lumbar spine. The patient has tried conservative therapy including physical therapy with sound benefit. Lumbar MRI demonstrates L3-4 disk protrusion and L4-5 degenerative disease and posterior disc protrusion. The patient complains of low back pain with radiation pain into the hips and posterior legs, and into the lateral knee. There were some arthritic changes noted in the facets. There is a request for L4-5 facet injection that was denied by utilization review. The stated rationale for the denial is that "guidelines do not support facet injections in the presence of active radiculopathy." The physical therapy was modified on the grounds that a trial of 6 initial visits of physical therapy is recommended for low back conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine facet injection, L4 - L5:** 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): 303, Chronic Pain Treatment Guidelines Page(s): 6. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Low Back Chapter, Criteria for Facet Injections.

**Decision rationale:** In general, the Low Back Complaints Chapter of the ACOEM Practice Guidelines recommends against facet injections and other invasive procedures. It should be noted that the Low Back Complaints Chapter of the ACOEM Practice Guidelines are referenced by the California Medical Treatment and Utilization Schedule, and therefore supersede other guidelines such as the Official Disability Guidelines. Furthermore, in the case of this injured worker, there is documentation of radicular pain. Lumbar MRI indicates herniated nucleus pulposus. The Official Disability Guidelines do have provisions for facet injections but specify criteria in which there is no evidence of radicular pain. The request for lumbar spine facet injection, L4 - L5, is not medically necessary or appropriate.

**Lumbar spine physical therapy, twice per week for six weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 6, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Criteria for Facet Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, an allowance for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine is recommended. In the case of this injured worker, there is documentation of a previous course of at least 3 weeks of physical therapy with benefit. Given the chronicity of the injury, it is not recommended to begin an entire brand new course of physical therapy and the CA MTUS and ODG would recommend a transition to self-direct home exercises. Therefore a shortened course of physical therapy as recommended by the utilization reviewer is appropriate in these circumstances, and can serve as an aid to transition to self-directed home exercises. The request for lumbar spine physical therapy, twice per week for six weeks, is not medically necessary or appropriate.