

<b>Case Number:</b>	CM14-0006695		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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. The expert 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33-year-old male automotive service worker with a date of injury of 6/10/2013, in which he sustained an injury to his low back that occurred while changing a tire; exact mechanism of injury is unspecified. Progress report from 12/16/2013 states that patient was complaining of a constant, throbbing pain in his low back with intermittent atypical pain down his lower extremities. Physical examination at that time noted positive moderate tenderness in the low back area, with positive straight leg raising test on the right. MRI study of the lumbosacral spine done on 7/12/2013 showed mild to moderate degenerative changes of the lumbar spine, along with multilevel facet disease. Treatments rendered to date have included multiple PT sessions, chiropractic treatments, analgesics, and generally conservative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FACET BLOCK (JOINT LEVEL) L2-3 AND L3-4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**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.

**Decision rationale:** The prior adverse determination was reviewed describing signs of L4 radiculopathy, exclusion criteria for facet joint therapy. There had been chiropractic treatment requested that sometimes can help with facet mediated pain and facet syndromes however it is not clear if this was attempted. The notes describe physical examination of the low back stating "moderate tenderness in the low back region". The request includes facet blocks higher up at L2-3 and L3-4. There is no specific facet tenderness or facet loading maneuvers. The MRI shows multilevel facet disease from L2-S1. As it has not clearly been demonstrated clinically the back L2-3 and L3-4 are suspected pain generators and no evidence of the chiropractic treatments rendered, this request is not medically necessary.

**TRIGGER POINT INJECTION (SET OF 3):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. More specifically, MTUS requires certain conditions to be met in order to be approved for chronic pain medical treatment, with one primary criteria being: Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Review of currently available records in this case did not reveal documentation that this criterion had been met. This request is not medically necessary.