

<b>Case Number:</b>	CM14-0194843		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Emergency 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:

Patient with reported date of injury on 1/11/2013. Mechanism of injury is described as being struck in the back by a piece of wood. Patient has a diagnosis of chronic lumbago, degenerative disc disease, "intermittent radiculopathy" and L4-5 and L5-S1 facet arthropathy. Patient is post lumbar epidural injections on 12/13/13 and 2/18/14. Medical reports reviewed. Last report available until 10/21/14. Patient complains of low back pain. Pain is 4-6/10. Objective exam reveals normal gait, slight difficulty toe walking. Normal motor and sensory exam in lower extremities. Range of motion of lumbar spine was mildly decreased. Straight leg was negative bilaterally. Documentation states that Pain Management consultation and facet blocks were for "to identify whether pain is coming from disc degeneration or the facet joints". MRI of Lumbar spine (8/19/14) revealed L4-5 mild canal stenosis with posterior 4mm disc protrusion and L5-S1 mild L neuroforaminal narrowing. There is no appropriate medication list documented. Patient has been on Norco in the past but there is no documentation if that is still being taken. May also be on topical creams. Patient is noted to be on Tramadol. Patient has undergone chiropractic with no success. Has also reportedly undergone at least 6 session's physical therapy. Evaluation of results dated 6/13/14 reports 40% improvement towards goal. Independent Medical Review is for Pain Management Consultation and Facet Blocks at L4-5 and L5-S1. Prior UR on 11/18/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92,Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has undergone extensive conservative therapy including physical therapy, MRIs, medications, chiropractic with no specific clear cause for pain or signs of improvement. A referral to a pain specialist may be beneficial in managing the pain and providing additional diagnostic modalities or insight into patient's lack of progress. Consultation with pain management is medically necessary.

**Facet blocks at L4-5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic, Facet Joint diagnostic blocks (injections)

**Decision rationale:** Insert Rationale MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines diagnostic blocks may be recommended under certain criteria. The basic criteria is clinical presentation should be consistent with facet joint pain syndrome. The provider has failed to document an exam consistent with facet joint syndrome with no noted paravertebral or facet mediated pain. Facet blocks are not medically necessary.