

<b>Case Number:</b>	CM15-0009650		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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

### 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 66 year old female, who sustained an industrial injury on 05/22/2014. She has reported low back pain. The diagnoses have included neck sprain; thoracic back sprain; sprain lumbar region; and displacement of lumbar intervertebral disc. Treatment to date has included medications, ice, facet block, physical therapy, and aquatic therapy. Medications have included Percocet and Orphenadrine. A progress note from the treating physician, dated 11/11/2014, documented a follow-up visit with the injured worker. The injured worker reported pain in the lower back; pain is currently rated 8/10 on the visual analog scale at rest and increases to 10/10 with any movement; medications are not working; and reports 100% benefit after receiving the facet block on 10/27/2014. Objective findings included 2+ tenderness to palpation over the left side lumbar spine at L4-5 and L5-S1; moderate spasm; and lumbar range of motion limited with pain. The treatment plan has included continuing medications; request pain management specialist lumbar spine; and follow-up evaluation. On 12/23/2014 Utilization Review noncertified a Bilateral L4-L5 and L5-S1 Facet Blocks. The CA MTUS, ACOEM, and ODG were cited. Utilization Review non-certified a Lumbar Spine Pain Management Specialist Referral. The CA MTUS, ACOEM, and ODG were cited. On 01/15/2015, the injured worker submitted an application for IMR for review of a Bilateral L4-L5 and L5-S1 Facet Blocks; and for a Lumbar Spine Pain Management Specialist Referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 and L5-S1 facet blocks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter: Facet joint signs and symptoms low back chapter: Facet joint injections, multiple series

**Decision rationale:** According to the 12/09/2014 report, this patient presents with pain at the neck, mid back, low back, left hip, and shoulder. The current request is for Bilateral L4-L5 and L5-S1 facet block. The request for authorization is on 12/11/2014. The patient's work status is return to work on 12/09/2014 with limitation. In reviewing the provided reports, the treating physician indicates that the patient received the facet injection on 10/27/2014 by [REDACTED] with 100% benefit and no continued pain. She has been pain free since 10/28/2014 until 11/03/2014; the patient twisting her spine and falling on a box on 11/03/2014 her pain returned. Regarding repeat facet injections of the lumbar spine, ODG guidelines states not recommended Therapeutic injections: With respect to facet joint intra-articular therapeutic injections, no more than one therapeutic intra-articular block is suggested. In this case, the requested repeat facet block is not supported by the guidelines. The request IS NOT medically necessary.

**Lumbar spine pain management specialist referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** According to the 12/09/2014 report, this patient presents with pain at the neck, mid back, low back, left hip, and shoulder. The current request is for Lumbar spine pain management specialist referral for the facet blocks. The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, since the requested facet block is not medically necessary; therefore, the request for pain management specialist to perform the facet block procedure IS NOT medically necessary