

<b>Case Number:</b>	CM15-0009912		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/19/2014
<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 30 year old male who sustained an industrial injury on 2/20/13. The injured worker reported symptoms in the back. The diagnoses included disc herniation L3-L4, L4-L5, left lower extremity radiculopathy, failed conservative care with epidural injections and physical therapy, status post L3-L4, L4-L5 left side laminectomy with L4-L5 left side discectomy on 2/11/14. Treatments to date have included physical therapy, epidural injections, status post laminectomy, oral pain medication, acupuncture treatments. PR2 dated 10/29/14 noted the injured worker presents with "notable spasms and tenderness" throughout back, the treating physician is requesting Facet block L3-S1 and physical therapy 2 x 6 lumbar. On 12/19/14, Utilization Review non-certified a request for Facet block L3-S1 and physical therapy 2 x 6 lumbar. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet block L3-S1, physical therapy 2x6 lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, page 308-310

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation low back chapter under Facet joint signs and symptoms

**Decision rationale:** According to the 12/18/2014 report, this patient has intractable back pain. The current request is for facet block L3-S1, physical therapy 2x6 lumbar but the treating physician's report and request for authorization containing the request is not included in the file. The patient's work status was not mentioned in this report. The Utilization Review denial letter state the request is excessive. Regarding facet block, ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. Review of the provided reports does not show evidence of prior MBB. However, in this case, the patient has left lower extremity radiculopathy and physical exam does not indicate the patient has paravertebral facet tenderness with non-radicular symptoms. Therefore, the requested MBB is not supported by ODG Guidelines at this time. In addition, the request is for facet block at L3-S1; 3 levels, ODG guidelines support no more than 2 levels. Therefore, the request IS NOT medically necessary. Regarding physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records show that the patient has had completed 5 sessions of physical therapy from 11/04/2014 to 12/18/2014 with mild-moderate adverse muscles tension in the bilateral lumbar region. However, the treating physician does not discuss the reasons for the requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.