

<b>Case Number:</b>	CM15-0214903		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 who sustained an industrial injury on September 12, 2015. The worker is being treated for: lumbar, thoracic and abdominal strains and sprains. Subjective: May 21, 2015 she reported constant low back pain with intermittent radiating to thighs. June 25, 2015 she reported lower back pain seems to be slowly improving and continues with radiating pain to groin then to thighs. August 12, 2015 she reported having increased lower back for the past several days. The pain radiates to both thighs. She will begin therapy again tomorrow. September 24, 2015 she reported "constant pain in lower back and buttocks," participating in physical therapy with three remaining treatments. Objective: July 22, 2015, August 12, 2015 noted lumbar tenderness to palpation with bilateral SI tenderness, and limited forward flexion with pain. September 24, 2015 noted painful facet joints, myospasm. Diagnostic: MRI scan performed May 21, 2015. Medication: May 21, 2015: Ibuprofen, and Ultracet. June 25, 2015: Motrin, Flexeril, and Ultracet. July 29, 2015, Motrin, Flexeril, and Thermacare patches. September 24, 2015: Ibuprofen at 800mg #60, and Flexeril 10mg #30. Treatment: September 24, 2015 noted 3 remaining PT sessions (finished June 25, 2015); acupuncture ordered 6 sessions treating the facet joint pain and if no relief then facet joint injection L4 and L5 to S1: modified work duty, medication. July 29, 2015 noted request for additional PT 6 sessions. On September 24, 2015 a request was made for bilateral facet joint injection at L4 and L5 and L5 to S1 levels that was non-certified by Utilization Review on October 01, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Bilateral facet joint injection at the L4-L5 and L5-S1 levels: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation Online Edition 2015 Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

**Decision rationale:** In this case, the claimant has facet tenderness despite being on Motrin and Flexeril. Pain scores were not noted. Although, the claimant did not have radicular findings, the ACOEM guidelines do not recommend blocks due to their short-term benefit. As a result, the request for facet blocks not medically necessary.