

<b>Case Number:</b>	CM15-0217162		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/04/2004
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 68-year-old male who sustained an industrial injury on 6-4-04. A review of the medical records indicates he is undergoing treatment for axial back pain history of multilevel compression fractures, history of L1-L3 posterior instrumented fusion, and intermittent lower extremity radiculitis well controlled. Medical records (7-1-15, 9-28-15) indicate complaints of pain in the thoracolumbar spine and the lumbosacral junction more on the right side. He rates his pain "9 out of 10" (9-28-15). He reports that he does not tolerate standing for more than 5 minutes and has not been tolerating many of his activities of daily living, such as showering. The physical exam (9-28-15) reveals tenderness over the lumbar paraspinal muscles bilaterally, "most significantly" at the lumbosacral junction. Facet loading "significantly reproduces" back pain bilaterally. Range of motion is noted to be within normal limits. Motor strength is noted to be "normal" in lower extremities. The straight leg raise test is negative bilaterally. Diagnostic studies have included x-rays of the thoracic and lumbar spine, a Dexascan, and a SPECT bone scan. Treatment has included physical therapy, epidural steroid injections, and a home exercise program. Treatment recommendations include facet joint injections "if indicated" and physical therapy for a therapeutic exercise program. He has previously received at least 8 sessions of physical therapy in 2013. The utilization review (10-22-15) includes requests for authorization of bilateral facet injections at L4-L5 and L5-S1 (4 total) and physical therapy (therapeutic exercise program) 1-2 visits per week for 12 weeks - lumbar spine. Both requests were denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral facet injections at L4-5, L5-S1 4 total: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Low back, Facet joint pain, signs & symptoms.

**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 section, Facet joint injections.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, bilateral facet injections at L4 - L5 and L5-S1 (#4 total) are not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medical branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally and documentation of failed conservative treatment (including home exercise, PT an nonsteroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. In this case, the injured workers working diagnoses are axial back pain; history of multilevel compression fractures; history L1-L3 instrumented fusion; and intermittent lower extremity radiculitis, well controlled. Date of injury is June 4, 2004. Request for authorization is October 16, 2015. The injured worker has a history of lumbar fusion L1-L3. According to the September 28, 2015 progress note, subjective complaints include increased back pain at thoraco-lumbar junction on the right. Pain score is 9/10. The injured worker is engaged in a home exercise program but would like different exercises. The injured worker received aquatic therapy in the past. Objectively, there is tenderness over the lumbar paraspinal muscles. There is positive facet loading that reproduces the back pain. Range of motion is normal. Straight leg raising his negative and motor functions negative. The injured worker underwent a bone scan that did not show active facet arthrosis or signs of inflammation at the facet joints. The bone scan showed evidence of fusion from L1-L5. The bone scan did not show evidence to suggest inflammation involving the facet joints. As a result, there is no clear indication facet joint pain would be present simply because of axial loading and reproducible pain. Pain may be related to underlying compression fractures rather than facet loading. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, bilateral facet injections at L4-L5 and L5-S1 (#4 total) are not medically necessary.

### **Physical therapy (therapeutic exercise program) 1-2 visits per week for 12 weeks to the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy (therapeutic exercise program) 1 to 2 times per week times 12 weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are axial back pain; history of multilevel compression fractures; history L1-L3 instrumented fusion; and intermittent lower extremity radiculitis, well controlled. Date of injury is June 4, 2004. Request for authorization is October 16, 2015. The injured worker has a history of lumbar fusion L1-L3. According to the September 28, 2015 progress note, subjective complaints include increased back pain at thoraco-lumbar junction on the right. Pain score is 9/10. The injured worker is engaged in a home exercise program but would like different exercises. The injured worker received aquatic therapy in the past. Objectively, there is tenderness over the lumbar paraspinal muscles. There is positive facet loading that reproduces the back pain. Range of motion is normal. Straight leg raising his negative and motor functions negative. The injured worker underwent a bone scan that did not show active facet arthrosis or signs of inflammation at the facet joints. The documentation shows the injured worker underwent lumbar fusion in 2013. The total number of physical therapy sessions is not specified. The documentation does not demonstrate objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. The treating provider is requesting a range of physical therapy sessions from 12 to 24. Additionally, the injured worker is engaged in a home exercise program. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, physical therapy (therapeutic exercise program) 1 to 2 times per week times 12 weeks to the lumbar spine is not medically necessary.