MAXIMUS Federal Services

| Case Number: | CM15-0087236 | | |
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| Date Assigned: | 05/11/2015 | Date of Injury: | 05/16/2014 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

## 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 38-year-old male, who sustained an industrial injury on 5/16/14. He has reported initial complaints of low back pain after lifting heavy tires, wheels and truck parts at work. The diagnoses have included lumbar muscle strain, low back pain, lumbar radiculopathy and lumbar disc bulge. Treatment to date has included medications, activity modifications, diagnostics, left side facet injections, physical therapy, and psychiatric. Currently, as per the physician progress note dated 4/7/15, the injured worker returns for re-evaluation because modified duty is now available but he is required to sit for long periods of time. The only restriction is no lifting over 10 pounds. He has marked pain after sitting over 10-15 minutes, and feels better with moving around. He has tapered off the Nortriptyline and has noticed some increase in pain. He is no longer taking the Tramadol. He has another appointment with psychiatry on 4/17. The objective findings reveal that he is standing and leaning against the wall. The gait is normal and there is no visible lumbar or limb asymmetry. The physician progress note dated 3/30/15 documents that the injured worker has seen psychiatry and has had left sided facet injections with good results and now right sided facet injections are recommended. The objective findings reveal mild difficulty with rising from a chair, slight tenderness in the right lumbar paraspinous area, and decreased range of motion in lumbar flexion. The diagnostic tests included lumbar x-ray and lumbar Magnetic Resonance Imaging (MRI). The reports were not included in the records. The current medications included Ultram and Nortriptyline. The psychiatric physician has recommended right side facet joint injection. The primary physician requested treatment included Lumbar facet joint injection right side.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet joint injection, right side:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Low Back Procedure Summary Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

**Decision rationale:** Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints and diagnosis of lumbar radiculopathy. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The Lumbar facet joint injection, right side is not medically necessary and appropriate.