

<b>Case Number:</b>	CM14-0117158		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/01/2008
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48 year old female who sustained injury to her low back on 08/01/08. Mechanism of injury was not documented. Clinical note dated 06/18/14 reported that the injured worker complained of neck pain that was moderate to severe located in the left lateral/posterior neck and low back radiating down the left arm described as aching, burning, dull, piercing, sharp, shooting, stabbing, and throbbing with associated tingling. Physical examination was unremarkable. The injured worker was diagnosed with pain, cervical strain, cervical spine spondylosis and cervical spine disc protrusion at C4-5 and C6-7 with cord indentation, cervical spine radiculopathy, and migraines. The injured worker underwent lumbar facet injection on 05/13/14 providing some benefit, but since wore-off and the injured worker requested a repeat injection, along with lumbar support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet injection under fluoroscopy #3:** 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), Low Back, facet joint diagnostic blocks (injections)

**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 chapter, Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** The request for lumbar facet injection under fluoroscopy #3 is not medically necessary. Previous request was denied on the basis that clinical documentation identifies the injured worker underwent lumbar facet injection on 05/13/14 with some benefit; however, at least 70% relief was not documented. Additionally, therapeutic blocks are not recommended. Lastly, the procedure report is not included document more than 0.5cc of injected is given to each joint and more than two facet joint levels are injected in one session. The Official Disability Guidelines state that facet joint therapeutic injections are not recommended, except as a diagnostic tool, as there is minimal evidence for treatment. Given this, the request for lumbar facet injection under fluoroscopy #3 is not indicated as medically necessary.

**Back brace:** 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), Low Back, Lumbar Supports

**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 chapter, Lumbar supports

**Decision rationale:** The request for back brace is not medically necessary. Previous request was denied on the basis that the clinical documentation does not provide a rationale for medical necessity of a back brace. The injured worker has not had a recent surgery or injury that would require the use of a back brace. The Official Disability Guidelines state that there is strong and consistent evidence that lumbar supports were not effective in preventing neck pain and back pain. Recent evidence-based studies on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. These studies concluded that there is moderate evidence that lumbar supports no more effective than doing nothing in preventing low back pain. There was no indication that the injured worker recently underwent a lumbar spine fusion and no physical examination findings of documented instability. Given this, the request for back brace is not indicated as medically necessary.