

<b>Case Number:</b>	CM15-0016598		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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:

This 25 year old man sustained an industrial injury on 7/2/2014. The mechanism of injury is not detailed. Current diagnoses include L5 spondylosis, spondylolisthesis, lumbar radiculopathy, and cervical and thoracic sprain/strain. Treatment has included oral medications and chiropractic therapy. Physician notes on a PR-2 dated 11/6/2014 show persistent neck and back pain rated 6-7/10 that has been increasing. Recommendations include a psychological pain consultation, additional chiropractic care, and medications. On 1/9/2015, Utilization Review evaluated a prescription for injection of paravert joint lumbosacral 1 level, that was submitted on 1/18/2015. The UR physician noted that injection is for non-radicular back pain that has failed conservative treatment. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injected paravert F joint 1/s 1 level, Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, topical analgesic, NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines:Low back, facet joint diagnostic blocks section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low back. Decision based on Non-MTUS Citation integrated treatment/disability duration guidelines.

**Decision rationale:** Facet joint blocks are recommended in patients with nonradicular low back pain at no more than two levels bilaterally. There must be documentation of failed conservative therapy for at least 4-6 weeks. In this case, the patient has been taking multiple medications and has reported a positive effect. Furthermore, clinical information provided indicate evidence of bilateral radicular eg pain with positive straight leg raise tests in this patient. According to ODG, facet blocks should be considered for low back pain without a radicular component. Thus the requested injection therapy is not medically necessary and appropriate.