

<b>Case Number:</b>	CM15-0110767		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/26/2000
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old male, who sustained an industrial injury on 6/26/00. The injured worker was diagnosed as having pain in thoracic spine, dysthymic disorder, lumbago, status post lumbar fusion at L4-5 and L5-S1, status post removal of hardware of lumbar spine and small disc herniation at L3-4 with mild central canal stenosis. Treatment to date has included lumbar fusion, removal of hardware, physical therapy, H-Wave, activity restrictions, home exercise program and oral medications. Currently, the injured worker complains of continued moderate low back pain, increasing with activities such as lifting, bending and stooping. He rates the pain 7/10. His work status is considered permanent and stationary. Physical exam noted restricted range of motion of lumbar spine with muscle spasm. The treatment plan included continuation of home exercise program, continuation of oral medications and facet injections at L3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar facet injections L3:** Overturned

**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 and thoracic chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen, there was decreased and painful range of motion with muscle spasms and right posterior thigh pain with hyperextension. There was positive right straight leg raising with decreased right lower extremity sensation. Prior treatments have included physical therapy and chiropractic care without improvement. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading with spinal extension. The level requested is above the prior fusion. Although he has positive straight leg raising and decreased lower extremity sensation, there are no radicular complaints. The request was therefore appropriate and is considered medically necessary.