

<b>Case Number:</b>	CM13-0020291		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, 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 physician 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 patient reported an injury on 11/07/2012. The mechanism of injury was a fall. Her initial course of treatment included x-rays, physical therapy, and medications. An unofficial MRI dated 03/11/2013 reported diffuse bulging and facet arthrosis to L3-4 and L4-5 with nerve root involvement. She is also noted to have absent reflexes to knee and ankle bilaterally, decreased sensation to the right side L5 and S1 dermatomes, positive Facet test on the right, and a positive right straight leg raise. There is full motor function throughout. The most recent clinical note dated 09/23/2013 stated that the patient has a pain level of 7/10 and that it is relieved with hot/cold therapy, rest, medications, acupuncture treatments, and a lumbar support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**diagnostic LESI L2-L3, L-3, L4, L4-L5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections as an optional treatment of radicular pain. Criteria for receiving an injection includes documented

radiculopathy on physical examination, failed conservative care, a maximum two injections are to be performed, and repeat injections given if there is documentation of at least a 50% decrease in pain with documented decrease in medication use for a 6-8 week period. The patient received an epidural steroid injection on 09/09/2012 with a reported decrease in pain from 8/10 to 7/10. This does not meet the criteria for at least a 50% reduction pain for 6-8 weeks. Also, there was no documentation provided to indicate the length of benefit or a decrease in the use of medications during this time. Also, guidelines recommend that no more than two levels are to be injected at one time. Therefore, the request for a diagnostic LESI L2-L3, L3-L4, L4-L5, L5-S1 is non-certified.

**lumbar facet joint block at medial branch levels L-3-L-4, L-4-L-5, L-5-S1 bilaterally poss rhizotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Blocks.

**Decision rationale:** The California MTUS Guidelines did not address facet joint/medial branch blocks, therefore ACOEM was consulted. ACOEM guidelines do not recommend facet joint injections (cortisone and lidocaine) for treatment of low back pain. It was unclear whether this related to therapeutic facet injections and/or facet blocks, therefore, the Official Disability Guidelines were supplemented. Official Disability Guidelines do not recommend facet joint medial branch blocks unless they are to be used for diagnostic purposes only. The criteria for diagnostic blocks include no evidence of radicular pain, spinal stenosis, or previous fusion; no more than 2 joint levels may be blocked at any one time; and there should be a plan of evidence-based activity to accompany the injection therapy. The patient has documented evidence of radiculopathy and stenosis. There is no accompanying exercise/activity plan in the clinical notes provided. The request also included three joint levels for injection. As such, the request for lumbar facet joint block at medial branch levels L3-4, L4-5, and L5-S1 bilaterally is non-certified.