

<b>Case Number:</b>	CM13-0072571		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Physical Medicine and Rehabilitation 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:

This 54 year-old female sustained an injury on 5/20/13 while employed by the [REDACTED]. Requests under consideration include a physical medicine consult, L4-L5 facet joint injection, and L5-S1 facet joint injections. Conservative care has included a home exercise program, elbow strap; lumbar cushion; right shoulder subacromial steroid injection (9/25/13), medial epicondyle steroid injection (11/14/13), at least 18 physical therapy visits for neck and low back; 6 chiropractic sessions for right trapezius muscle (not beneficial); and 6 acupuncture sessions (not beneficial). MRI of the lumbar spine dated 8/1/13 noted a "4x8 mm epidural mass" most likely a central disc extrusion at L1-L2; mild L5-S1 degenerative changes. Report of 12/9/13 from the provider noted patient with complaints of persistent pain in the right elbow; and low back pain radiating to posterior right thigh. Exam of the lumbosacral spine noted 75% limited lumbar range; 5/5 motor strength; decreased sensation over the bilateral lateral lower legs, right lateral dorsum of foot and left medial dorsum of foot; straight leg raise (SLR) negative; exam of right shoulder with no tenderness; 75% expected range; positive impingement; old surgical scar over right antecubital fossa; no swelling; mild tenderness in medial epicondyle and over distal triceps with mild pain at terminal flexion and extension; mild positive resisted wrist flexion and pronation. Diagnoses included post-traumatic stress disorder; knee contusion; pain in joint/upper arm; neck sprain; shoulder sprain; thoracic sprain. Requests for appealed second opinion Physical Medicine and Rehabilitation (PM&R) consultation and facet joint injections at L4-5 and L5-S1 were non-certified on 12/27/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL MEDICINE CONSULT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Submitted reports have not demonstrated any clear or specific indication or diagnoses indicative of a PM&R consultation for uncomplicated complaints and diagnoses of sprains and contusions. There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. The physical medicine consult is not medically necessary and appropriate.

**L4-L5 FACET JOINT INJECTION AND L5-S1 FACET JOINT INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310.

**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, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

**Decision rationale:** Per ODG, 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 no more than one therapeutic intra-articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with leg pain complaints. Additionally, facet blocks are not recommended without defined imaging correlation or clinical correlation. There is no report of acute flare-up or clinical change. Submitted reports have not demonstrated support outside guidelines criteria. Additionally, facet injections are not recommended over 2 joint levels concurrently. Submitted reports have not demonstrated support outside guidelines criteria. The L4-L5 facet joint injection and L5-S1 facet joint injection are not medically necessary and appropriate.