

<b>Case Number:</b>	CM14-0100045		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/27/2001
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 64 year old female with a date of injury on 06/27/2001. Diagnoses include lower leg osteoarthritis, chondromalacia patella, low back pain, and non-union of forearm fracture. Subjective complaints are of low back and left leg pain with some weakness. Physical exam showed positive facet loading at T7 and T8, decreased range of motion, decreased sensation in the L5-S1 distribution, decreased strength, and positive straight leg raise test. Medications include Ambien, Effexor, and Vicodin. Plan was for medial branch blocks, lumbar MRI, pain profile, x-rays of the hips, and Lidocaine patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left T7 and T8 Medial Branch Block:** 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), Treatment Index, 12 Edition (web), 2014, Low Back, Facet Blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Injections.

**Decision rationale:** CA MTUS suggests that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The ODG states that facet joint medial branch blocks are only recommended as a diagnostic tool for consideration of the facet joint as a pain source. The ODG states that diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Treatment requires a diagnosis of facet joint pain. Criteria for facet joint pain are: Tenderness to palpation in the paravertebral areas (over the facet region); a normal sensory examination; Absence of radicular findings, and a normal straight leg raising exam. Injections should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. For this patient, physical exam findings are not consistent with facet mediated pain. There is also no documentation of failure of conservative treatment prior to the procedure. Therefore, the requested facet joint injection is not consistent with guideline recommendations, and the medical necessity is not established.

**Pain Profile:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Screening for risk of addiction (tests) Page(s): 90-91. Decision based on Non-MTUS Citation Brown, 1995; Cyr, 1988; Skinner, 1984

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening for Risk of Addiction Page(s): 90.

**Decision rationale:** CA MTUS recommends screening for the risk of addiction. Recommended screening instruments include the CAGE questionnaire, Cyr-Wartman Screen, Skinner Trauma Screen, the SOAPP, and the Opioid risk tool. For this patient, documentation is not present of these tools being previously used. Therefore, the medical necessity of a pain profile is not established at this time.

**Manual Muscle Test (performed):** 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), Treatment Index, 12 Edition (web), 2014, forearm, Wrist & Hand, Computerized Muscle Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand/Wrist, Computerized Muscle Testing.

**Decision rationale:** The ODG does not recommend computerized muscle testing. There are no studies to support computerized strength testing of the extremities. Therefore, the medical necessity for manual muscle testing is not established at this time.

**X-ray Both Hips:** 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), Treatment Index, 12th Edition (web), 2014, Hip & Pelvis, X-rays; Mullis, 2006; Gossec, 2009; Reijman, 2005

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hips/Pelvis, X-Rays.

**Decision rationale:** The ODG recommends hip/pelvis x-rays for patients sustaining a severe injury, or for identifying patients with a high risk of the development of hip osteoarthritis. For this patient, while a complaint of hip pain is present, there are no objective findings of hip abnormalities or a trial or failure of conservative treatment directed towards the hips. Therefore, the medical necessity of hip x-rays is not established at this time.