

<b>Case Number:</b>	CM14-0111419		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Physical Medicine & 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:

The injured worker is a 60-year-old female who reported an injury on 06/01/2011 due to an unknown mechanism. The diagnoses were cervicalgia, cervical sprain/strain, cervical radiculitis, bilateral shoulder impingement syndrome with tendonitis/bursitis, right shoulder partial thickness rotator cuff tear, bilateral shoulder biceps tenosynovitis, status post bilateral carpal tunnel release with residuals, lumbago, lumbar sprain/strain, left knee likely degenerative joint disease, right ankle bimalleolar fracture. The past treatments were physical therapy, medications, and medial branch blocks. The physical examination on 08/20/2014 revealed that the injured worker had undergone cervical epidural injection as well as a lumbar epidural injection. The injured worker reported improved symptoms of about 30% for a period of 1 and half months. However, the cortisone injections elevated her blood sugars due to diabetes. The injured worker had complaints of ongoing right shoulder pain greater than the left, weakness, and limited range of motion. There were complaints of right elbow pain and weakness, and cervical pain. Examination of the lumbar spine revealed a 2+ tenderness took out patient over the lumbar repair spinals on the right, and 1+ tenderness to palpation over the lumbar paraspinals on the left. There was lumbar lordosis noted. The straight leg raised test in the supine position positive bilaterally. The range of motion for the lumbar spine revealed flexion was to 32 degrees, extension was to 15 degrees, right lateral flexion was to 20 degrees, and left lateral flexion was to 15 degrees. The dermatomes tested revealed intact sensation to pinprick and light touch throughout the bilateral upper and lower extremities with the exception of decreased sensation in the C6 and C7 dermatome distribution on the left upper extremity. The deep tendon reflexes were all a 2+ throughout the bilateral upper and lower extremities. Neurologic tests were all negative. The injured worker reported she was not interested in any type of surgical management, due to her history of diabetes. The Request for Authorization was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Lumbar Diagnostic Facet Medial Branch Block at the Bilateral L4 - L5 and L5 - S1:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 Low Back Chapter, Facet joint medial branch blocks (therapeutic injections), Facet Joint Pain Signs & Symptoms, Facet joint diagnostic blocks (injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block

**Decision rationale:** The decision for 1 lumbar diagnostic facet medial branch block at the bilateral L4-5 and L5-S1 is not medically necessary. The California ACOEM Guidelines state that diagnostic and/or therapeutic injections may have benefited patients presenting a transitional phase between acute and chronic pain. The Official Disability Guidelines further state that criteria for use of diagnostic blocks is limited to patients with pain that is nonradicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks. Straight leg raise test in the supine position was positive bilaterally. The medical guidelines state there should not be any radicular present. The injured worker had elevated blood glucose levels with previous cortisone injections. The clinical information submitted for review does not provide evidence to warrant a lumbar diagnostic facet medial branch block at the bilateral L4-5 and L5-S1. Therefore, this request is not medically necessary.