

<b>Case Number:</b>	CM14-0158763		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 38 year old female with date of injury 12/19/12 that occurred when she fell backwards from a squatted position landing on her buttocks. The hand written treating physician report dated 8/22/14 indicates that the patient states the Medrol Dose Pack held but she feels the pain coming back with radiation of pain bilaterally into the legs and lumbosacral spine rated a 7/10. The patient also has numbness and tingling affecting the big toes bilaterally. The physical examination findings reveal no spasms, tenderness in L5/S1 facet, normal reflexes, positive SLR on the left, flexion 35, ext. 20, lat. flexion 20 and rotation 30. The current diagnoses are:  
1.Lumbar strain  
2.MRI evidence of bulging disc L4/5 and L5/S1  
The utilization review report dated 9/10/14 denied the request for Arthrocent aspirate major joint or bursa (DOS 8/22/14), Zylocaine Lidocaine 1% (DOS 8/22/14), Retrospective request for Kenalog 10 1cc (DOS 8/22/14), Decision for Arthrocent aspirate major joint or bursa based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Arthrocent aspirate major joint or bursa (DOS 8/22/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Online Low back chapter

**Decision rationale:** The patient presented on 8/22/14 with a complaint of lumbosacral spine pain with radiation into the legs rated a 7/10. The current request is for Arthrocent aspirate major joint or bursa (DOS 8/22/14). The treating physician report states that the treatment provided was, "L5/S1 facet joint injected with Kenalog, Xylocaine and Marcaine." The MTUS Guidelines do not address facet joint injections. The ODG guidelines have specific criteria for facet injections for facet joint pathology. In this case the treating physician has documented that the patient has radiating pain into the legs with paresthesia affecting the big toes and a positive straight leg raise on the left. The ODG guidelines state that for facet joint pathology leading to a facet block there must be absence of radicular findings and a normal straight leg raising exam. The patient's examination findings do not lead to support of a facet block injection. Therefore, this request is not medically necessary.

**Retrospective request for Zylocaine Lidocaine 1% (DOS 8/22/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Online Low back chapter

**Decision rationale:** The patient presented on 8/22/14 with a complaint of lumbosacral spine pain with radiation into the legs rated a 7/10. The current request is for Zylocaine Lidocaine 1% (DOS 8/22/14). The treating physician report states that the treatment provided was, "L5/S1 facet joint injected with Kenalog, Xylocaine and Marcaine." In this case the treating physician has requested and performed on 8/22/14 a facet joint injection. The injection request did not meet the criteria as set forth in the ODG guidelines and therefore the request for a local anesthetic cannot be supported. Therefore, this request is not medically necessary.

**Retrospective request for Kenalog 10 1cc (DOS 8/22/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Online Low back chapter

**Decision rationale:** The patient presented on 8/22/14 with a complaint of lumbosacral spine pain with radiation into the legs rated a 7/10. The current request is for Kenalog 10 1cc (DOS 8/22/14). The treating physician report states that the treatment provided was, "L5/S1 facet joint injected with Kenalog, Xylocaine and Marcaine." In this case the treating physician has

requested and performed on 8/22/14 a facet joint injection. The injection request did not meet the criteria as set forth in the ODG guidelines and therefore the request for Kenalog, a corticosteroid cannot be supported. Therefore, this request is not medically necessary.

**Arthrocent aspirate major joint or bursa:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Online Low back chapter

**Decision rationale:** The patient presented on 8/22/14 with a complaint of lumbosacral spine pain with radiation into the legs rated a 7/10. The current request is for Arthrocent aspirate major joint or bursa. This request appears to be a duplicate of the previous request that was reviewed above. The treating physician report dated 8/22/14 states that the treatment provided was, "L5/S1 facet joint injected with Kenalog, Xylocaine and Marcaine." The MTUS Guidelines do not address facet joint injections. The ODG guidelines have specific criteria for facet injections for facet joint pathology. In this case the treating physician has documented that the patient has radiating pain into the legs with paresthesia affecting the big toes and a positive straight leg raise on the left. The ODG guidelines state that for facet joint pathology leading to a facet block there must be absence of radicular findings and a normal straight leg raising exam. The patient's examination findings do not lead to support of a facet block injection. Therefore, this request is not medically necessary.