

<b>Case Number:</b>	CM14-0021885		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Pain Medicine and is licensed to practice in New York and Texas. 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 47-year-old male who sustained an injury on 04/10/13. No specific mechanism of injury was reported. The injured worker has been followed for complaints of persistent right shoulder pain as well as low back pain. Prior treatment has included physical therapy for the shoulder as well as epidural steroid injections for the lumbar spine. As of 01/07/14, the injured worker continued to report both right shoulder and low back pain as well as neck pain. The injured worker reported decreased range of motion in the cervical spine and in the right shoulder. On physical examination, there was loss of range of motion in the cervical spine on flexion and extension. The injured worker had some loss of range of motion on flexion and abduction in the right shoulder. There was also tenderness noted at the right lateral epicondyle with mildly positive Tinel's signs. No motor weakness in the upper extremities was noted. In the lumbar spine, there was some loss of range of motion with a positive straight leg raise reported to the left at 60 degrees reproducing lower extremity symptoms. The injured worker had noted weakness at the left extensor hallucis longus and could not tolerate heel walking to the left. Reflexes were decreased at the Achilles to the left side. Electrodiagnostic studies previously performed noted abnormal findings consistent with a left sural and saphenous neuropathy as well as a possible L4-5 radiculopathy. It appears that the injured worker had been recommended for a surgical intervention for the right shoulder. This evaluation did recommend further physical therapy and ongoing pain management. On 01/08/14, the injured worker was seen by [REDACTED]. The injured worker continued to report low back pain radiating to the left lower extremity as well as right shoulder pain. The injured worker reported good relief from prior epidural steroid injections and had been attending acupuncture and massage therapy since April of 2012. Physical examination noted loss of lumbar range of motion with pain and spasms

over the spinous processes from L4 to S1 as well as pain over the facets. There was positive facet loading noted to the left. The straight leg raise was reported as negative at this evaluation. There was continuing loss of range of motion in the right shoulder. Recommendations were for facet blocks from L4 through S1 at the medial branches to determine whether radiofrequency ablation would be indicated. The continued medications included Ultracet every twelve (12) hours for severe pain, Relafen 500mg twice daily, Norflex 100mg, and Omeprazole for reported dyspepsia. The injured worker was also utilizing a topical compounded medication that included Flurbiprofen, Cyclobenzaprine, Tramadol, and Gabapentin. Follow-up on 02/12/14 noted persistent complaints of pain in the right shoulder as well as at the low back. The injured worker reported no side effects from medications. The urinary drug screen results were reported to be positive for Tramadol. The physical examination continued to note facet mediated pain in the lumbar spine. The report indicated there was no clear evidence for lumbar radiculopathy. The injured worker was reported to have a reduction in pain with the medications. The injured worker did undergo a right shoulder arthroscopy on 03/07/14. The requested left lumbar diagnostic facet blocks at L4-5 and L5-S1 as well as Relafen 500mg, quantity 60, Norflex 100mg, quantity 60, Omeprazole 20mg, quantity 60, and Ultracet 37.5/325mg, quantity 60 were all denied by utilization review on 01/31/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LEFT LUMBAR DIAGNOSTIC FACET BLOCK UNDER C-ARM FLUOROSCOPY AT L4-5, L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 12/16/13), Facet joint therapeutic steroid injections.

**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 Chapter, Facet Joint Diagnostic Blocks.

**Decision rationale:** According to the clinical documentation submitted for review, the injured worker is noted to have had previous epidural steroid injections to address radicular complaints. Based on the most recent physical examination findings, the injured worker had no clear objective evidence for lumbar radiculopathy. The injured worker did have noted positive exam findings for facet mediated pain to include tenderness to palpation over the lumbar facets from L4 through S1 with positive facet loading. The injured worker has failed a reasonable course of conservative treatment previously to include physical therapy and medications. Given the injured worker's persistent complaints of facet mediated pain and the consideration for possible facet rhizotomy procedures, the requested lumbar diagnostic facet blocks from L4 through S1 to the left side would be considered medically appropriate and within guideline recommendations. Therefore, this reviewer would have recommended this request as medically necessary.