

<b>Case Number:</b>	CM14-0046753		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Texas & Ohio. 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 45-year-old female, who reported injury on 08/05/2013. The mechanism of injury was the injured worker was walking towards the kitchen to grab a bottle for a parent who had picked up her infant and as the injured worker was walking, she tripped over some toys, causing her to fall to the concrete on her bilateral knees and elbows. The prior treatments were noted to include x-rays, physical therapy, back and elbow support, a knee brace, and medications. The injured worker underwent an MRI of the lumbar spine, which revealed at the level of L4-5 there was mild bilateral facet arthrosis. The injured worker's medications were noted to include Norco, Tramadol, and a muscle relaxant. The injured worker was noted to undergo a bilateral L4, L5, and S1 medial branch block on 02/17/2014. The documentation of 02/06/2014 revealed the injured worker had complaints of bilateral pain in the elbows and knees with low back pain. The injured worker's physical examination revealed the injured worker had a wide based gait and the heel toe walk was performed with difficulty secondary to low back pain. The injured worker had moderate pain in the coccyx area and right knee. There was diffuse tenderness noted to palpation over the lumbar paraspinal muscles. There was moderate to severe facet tenderness noted to palpation along the L4-S1 levels. The Kemp's test was positive bilaterally. The Farfan test was positive bilaterally. The injured worker had decreased range of motion. The sensation was noted to be intact to pain, temperature, light touch, vibration, and 2 point discrimination in all dermatomes. The strength was 5/5, and the lower extremity reflexes were 2+. The diagnoses included thoracic spine sprain and strain, lumbar disc disease, lumbar facet syndrome, coccydynia, and right knee internal derangement. The documentation indicated the injured worker had moderate to severe low back pain without radiation. The documentation indicated the injured worker had been authorized for bilateral L4-S1 medial branch block. The documentation further indicated that the injured worker received

greater than 80% relief from activities that normally caused pain for the duration of the local anesthetic. The physician would consider a bilateral L4-S1 medial branch facet joint rhizotomy/neurolysis. Additionally, the request was made for a right knee corticosteroid injection. The straight leg raise in the supine and seated positions was noted to be normal. There was no Request for Authorization form submitted for the requested procedures.

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

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

#### **Bilateral L4 through S1 Medial Branch Blocks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Treatment in Workers Compensation/Low Back.

**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 Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The ACOEM Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation indicated the injured worker had tenderness to palpation at the paravertebral area and a normal sensory examination along with the absence of radicular findings and a normal straight leg raise examination. However, there was a lack of documentation including a failure of conservative treatment with home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Given the above, the request for bilateral L4-S1 medial branch blocks is not medically necessary.

#### **2 Right Knee Corticosteroid injections: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Treatment in Workers Compensation/Knee.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that cortisone injections are optional in the treatment of knee disorders. The clinical documentation submitted for review failed to provide a documented rationale for the request. There was a lack of documented findings to support a necessity for corticosteroid injections. Additionally, there could be no second injection without the objective functional benefit and an objective decrease in pain documentation from the first injection. Given the above, the request for 2 Right Knee Corticosteroid injections is not medically necessary.