

<b>Case Number:</b>	CM14-0074933		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 62-year-old female with a 3/26/13 date of injury. At the time (4/30/14) of the request for authorization for facet injections x 3 and para spinal injections x 3, there is documentation of subjective (lower back intermittent to constant pain, she notes pain running down her right leg to her foot) and objective (decreased sensation over L4, L5, and S1 dermatomal distributions bilaterally; positive facet imbrication for facet syndrome) findings, current diagnoses (sprain/strain - ankle, internal derangement of ankle, lumbar intervertebral disc with facet syndrome, lumbar sprain/strain, joint dysfunction, and lumbar radiculopathy L5), and treatment to date (medication). Regarding facet injections x 3, there is no documentation of low-back pain that is non-radicular. In addition, there is no documentation of failure of additional conservative treatment (including home exercise, PT) prior to the procedure for at least 4-6 weeks and no more than 2 joint levels to be injected in one session. Regarding para spinal injections x 3, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facetal Injections x 3: Upheld**

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

**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, Medial Branch Blocks (MBBs)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of sprain/strain - ankle, internal derangement of ankle, lumbar intervertebral disc with facet syndrome, lumbar sprain/strain, joint dysfunction, and lumbar radiculopathy L5. In addition, there is documentation of failure of conservative treatment (medication) prior to the procedure for at least 4-6 weeks. However, given documentation of pain running down her right leg to her foot, there is no documentation of low-back pain that is non-radicular. In addition, there is no documentation of failure of additional conservative treatment (including home exercise, PT) prior to the procedure for at least 4-6 weeks and no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for facet injections x 3 is not medically necessary.

**Para Spinal injections x 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Within the medical information available for review, there is documentation of diagnoses of sprain/strain - ankle, internal derangement of ankle, lumbar intervertebral disc with facet syndrome, lumbar sprain/strain, joint dysfunction, and lumbar radiculopathy L5. In addition, there is documentation that symptoms have persisted for more than three months. However, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain;

radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session. Therefore, based on guidelines and a review of the evidence, the request for para spinal injections x 3 is not medically necessary.