

<b>Case Number:</b>	CM13-0012118		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Internal Medicine 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:

This 59 Year old injured worker with a date of injury 01/21/2010 has complaint of severe low back and left leg pain. The injured worker continues to work and was seen in the office 07/15/13 for a complaint of his back seizing up on him accompanied by severe pain in the low back and left leg while at work. On exam there was marked limitation of movement, absence of evidence of neurologic loss, and his x-rays showed no evidence of fracture or slippage. There was wide decompression L4-sacrum and mild disc degeneration. The current diagnosis is spinal stenosis with right leg radiculopathy, persistent low back pain and left leg pain. According to the Primary Treating Physician's progress Report (PR-2) signed 06/05/2013, a prescription for Prednisone 5 mg tablets was given. On 07/29/2013, his PR2 describes an objective finding of 50% improvement in the leg pain after the oral steroid. Because of significant stenosis, a nerve block therapy was carried out on 06/10/2011 for pain control. The procedure was repeated on 08/30/2012 due to severe and persistent leg pain not responding to other conservative measures. The plan of care listed 07/29/2013 included setting the injured worker up for another transforaminal nerve block and facet injections. Meloxicam 15 mg oral was prescribed. There is no mention of physical therapy or chiropractic care. No lab tests, x-rays, or MRI's are noted. In the utilization review letter of 08/13/2013, the treatments of selective nerve block at L4-L5 and L5-S1 under fluoroscopy, lumbar facet Injection at L4-L5 and L5-S1 under fluoroscopy, and Meloxicam 15 mg #60 were modified to deny the selective nerve block at L4-L5 and L5-S1 under fluoroscopy, lumbar facet Injection at L4-L5 and L5-S1 under fluoroscopy, and approve Meloxicam 15 mg #60. The request for the selective injections under fluoroscopy was denied due to no physical exam report on 07/15/2013 and no notation of whether the injections were for the right, left or bilateral. The Official Disability Guidelines Treatment in Workers Compensation Low Back was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Selective nerve block at L4-L5 and L5-S1 under fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section; Facet Joint Blocks, Injections

**Decision rationale:** Pursuant to the Official Disability Guidelines, selective nerve block at L4 - L5 and L5 - S1 under fluoroscopy is not medically necessary. The guidelines enumerate the criteria for therapeutic intra-articular and medial branch blocks. They include, but are not limited to, no more than one therapeutic intra-articular block is recommended; this should be no evidence of radicular pain, spinal stenosis or previous fusion. See guidelines for additional details. The criteria for use of diagnostic blocks for facet mediated pain a limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; there is documentation of failure of conservative treatment. See guidelines for additional details. In this case, the progress note dated July 29, 2013 stated subjective complaints are low back pain, steroids helped pain 50% improved. The plan stated selective nerve block and lumbar facet injection. There were no specific subjective complaints addressed, there was no objective physical examination and there was no assessment/discussion in the medical record indicating the clinical rationale for the selective nerve block and facet joint injections. There was no documentation of objective functional improvement as it relates to medications and physical received. A review of the medical record indicates a prior set of injections were performed with 50% improvement. There was no report in the medical record stating the results of the prior injections. The record indicates there was pain that radiated into the right leg. The guidelines, however, state there should be no evidence of radicular pain. In the absence of complete history and physical examination is impossible to determine whether the requested injections are clinically indicated. The facet criteria indicate there should be no radicular pain and, yet, the documentation indicates a radicular compliment. Additionally, the guidelines indicate no more than one therapeutic intra-articular block is recommended. The request is for selective nerve block at L4 - L5 and L5 - S1. Consequently, selective nerve block L4 - L5 an L5-S1 under fluoroscopy is not medically necessary.

### **Lumbar facet injection at L4-L5 and L5-S1:** 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); Pain Section; Facet Joint Blocks, Injections.

**Decision rationale:** Pursuant to the Official Disability Guidelines, lumbar facet injection at L4 - L5 and L5 - S1 is not medically necessary. The guidelines enumerate the criteria for diagnostic blocks for facet mediated pain. They include, but are not limited to, patients with low back pain that is non-radicular and that no more than two levels bilaterally, documentation of failure of conservative treatment. See guidelines for additional details. In this case, progress note dated July 29, 2013 indicated the injured worker was complaining of low back pain. Steroids help the pain 50%. There were no specific subjective complaints and that was no objective physical examination in the progress note. There was no assessment/discussion in the medical record indicating the clinical rationale for the facet joint injection. The medical record indicates a prior set of injections were performed with a 50% improvement. The medical records do not indicate whether prior medication use or physical therapy reduced the injured workers pain threshold. The facet criteria indicate there should be no radicular pain as a criterion, yet, the documentation indicates radiculopathy. Consequently, lumbar facet injection of L4 - L5 and L5 - S1 is not medically necessary.