

<b>Case Number:</b>	CM14-0200492		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 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 66 year old female sustained an injury on April 18, 2012. The mechanism of injury was not included in the provided medical records. Past treatment included a home exercise program, aquatic physical therapy, acupuncture, and medications. The injured worker underwent lumbar radiofrequency ablation on September 9, 2006, cervical radiofrequency ablation on September 22, 2006, and cervical radiofrequency ablation of right C3-6 on July 2, 2008. The injured worker underwent transforaminal lumbar epidurals of L4-5 and L5-S1 on September 10, 2013 and March 25, 2014. On October 30, 2014, the treating physician noted increased neck, bilateral wrist, and left foot pain. The injured worker's pain was moderate with medications and severe without medications. Her sleep quality was poor, but her activity level had increased. The treating physician noted injured worker to be calm, depressed, fatigued, and in mild pain. The physical exam revealed a left sided antalgic gait and restricted cervical range of motion with right lateral bending and right lateral rotation. There were spasms paravertebral muscles, tight muscle band, and trigger point with a twitch response and radiating pain with palpation on the right side. There was tenderness at the trapezius and right cervical facet joints, and pain in the neck muscles with radiating to the upper extremity with Spurling's maneuvers. The lumbar spine paravertebral muscles were tender on both sides; the straight leg raising and Faber tests were negative. The left wrist was tender over the scaphoid area. The left foot was in a post-operative shoe. The motor exam was limited by pain. Light touch sensation was normal. Diagnoses were low back pain, cervical facet syndrome, radiculopathy, cervical pain, pain in limb, and wrist pain. Currently the injured worker is being treated with anti-inflammatory, anti-depressant, muscle relaxant, and sleep medications. In addition, treatment included short acting and long acting oral pain medications, and topical pain medication. The physician recommended follow up with scheduled left thumb surgery with simultaneous carpal tunnel release, an adjustment of

the anti-depressant medication for nerve pain, continuing to taper the short acting pain medication, and continuing the remaining current medications. Current work status was described as permanent and Stationary. On November 7, 2014 Utilization Review non-certified a request for lumbar facet joint injection at L4-L5 and L5-S1 (4injections). The lumbar facet joint injection was non-certified based on there is minimal evidence for use as a treatment. The guidelines recommend lumbar facet joint injections as a diagnostic tool as. The Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, Facet Joint medial branch blocks (therapeutic injections) was cited.

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

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

#### **Lumbar facet joint injection at L4-L5, L5-S1 bilateral (4 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 (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); Low Back, Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** Pursuant to the Official Disability Guidelines, lumbar facet joint injections at L4 - L5 and L5 - S1 bilateral are not medically necessary. The guidelines indicate therapeutic facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence for treatment. See the Official Disability Guidelines for details. The injured workers working diagnoses are low back pain; degenerative lumbar disc disease; bulging discs; herniated disc; spinal stenosis; and lumbar facet joint syndrome. The injured worker has received lumbar epidural injections at L4-L5 L5-S1 pursuant to the documentation in the record. Treatments rendered included oral medications, acupuncture, home exercise, aquatic therapy, physical therapy and independent home exercise. The guidelines state therapeutic Medial branch facet joint blocks are not recommended except as a diagnostic tool. There is minimal evidence for treatment. Consequently, guideline recommendations state there is minimal evidence for treatment, lumbar facet joint injections at L4 - L5 and L5 - S1 bilateral are not medically necessary.