

<b>Case Number:</b>	CM14-0206546		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of November 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of physical therapy; and unspecified amounts of massage therapy. The claims administrator failed to approve a request for T5-T8 facet injections through the utilization review report. The applicant's attorney subsequently appealed. In a July 1, 2014 applicant's questionnaire, the applicant stated that he was working in one section of the note but then stated, towards the bottom of the report, that it was hard for him to work owing to his back pain complaints. The applicant did check boxes reading both "full duty" and "modified duty." The applicant was receiving both physical and manipulative therapy and had an injection therapy, he acknowledged. On May 19, 2014, the attending provider alluded to the applicant's has neck, mid back, and low back pain complaints. The applicant had three lumbar epidural steroid injections between 2005 and 2007, apparently through another claim. The applicant was using ketoprofen and Norco for pain relief. The applicant exhibited 4+ to 5-/5 upper extremity strength with hyposensorium noted about the upper extremities and left lower extremity. The applicant had had electrodiagnostic testing of March 17, 2014, demonstrating a bilateral S1 radiculopathy, it was incidentally noted. Thoracic MRI imaging of August 12, 2014 was notable for degenerative disk disease and disk protrusion at T8-T9. In a questionnaire dated October 28, 2014, the applicant reported 6 to 8/10 pain. The applicant stated that he was still working. The applicant was apparently using Lyrica for pain relief, it was acknowledged. In an associated progress note dated October 28, 2014, the applicant reported ongoing complaints of neck, mid back, and low back pain, highly variable, 5 to 7/10. The applicant was working with restrictions in place. The applicant had received 10 sessions of chiropractic treatment and three

lumbar epidural steroid injections in 2005 and 2007. The applicant was on Norco, oral ketoprofen, and Neurontin, it was further noted. 4+ to 5-/5, bilateral upper extremity strength was noted with some hyposensorium noted about the left upper extremity and left lower extremity. Radiation of pain to the left arm was noted, along with radiation of mid and low back pain to the left leg. Tenderness was noted about the cervical, thoracic, and lumbar paraspinal musculature. Two lumbar facet injections were sought. A 20-pound lifting limitation was endorsed.

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

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

#### **Left sided T5-T8 facet joint injections x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/neck.htm>, [http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174; Table 8-8-181, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 8.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injection of corticosteroids, i.e., the article being sought here, are deemed "not recommended." While ACOEM Chapter 8, page 174, does establish some role for facet injections as a precursor to subsequent radiofrequency neurotomy procedures, in this case, however, it does not appear that applicant's pain is, in fact, facetogenic or discogenic in nature. Rather, the applicant's primary pain generators appear to be lumbar, cervical, and/or thoracic radiculopathy. The applicant continues to report neck and upper back pain radiating to the left arm. The applicant continues to report persistent complaints of mid and low back pain radiating to the left leg. The applicant has electrodiagnostically confirmed lumbar radiculopathy, it is further noted. The request, thus, is not indicated to both owing to (a) the unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Furthermore, the request for two consecutive facet injections runs counter to the philosophy espoused on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the attending provider seemingly sought authorization for two consecutive injections without a proviso to reevaluate the applicant after the first injection so as to ensure a favorable response to the same before moving forward with a second block. Therefore, the request is not medically necessary.