

<b>Case Number:</b>	CM15-0003205		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/25/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 54 year old female, who sustained an industrial injury on November 11, 2011, slipping and falling on the back. The diagnoses have included lumbar degenerative disc disease, right wrist De Quervain's tenosynovitis, right shoulder bursitis/tendinitis, and impingement syndrome with possible rotator cuff tear. Treatment to date has included oral and topical medications, physical therapy, and epidural steroid injections. Currently, the injured worker complains of pain in the right hand and wrist, lower back pain, right shoulder and base of neck pain, and increased anxiety and depression. The Primary Treating Physician's report dated October 7, 2014, was noted to show impingement maneuver, Neer, and Hawkins positive, limited by pain and spasms on the right, with anterior glenohumeral and subacromial tenderness and weakness on external rotation on the right associated with pain. An examination of the back was noted to show limited forward bend to 30 degrees lumbosacral, pain with squatting, and tenderness in the lumbar paraspinals. On December 15, 2014, Utilization Review non-certified a facet injection, noting that given the lack of high quality evidence to substantiate the procedure, the medical necessity was not established. The MTUS, ACOEM Guidelines, Chapter 12 Low Back Complaints, and the Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, were cited. On January 7, 2015, the injured worker submitted an application for IMR for review of a facet injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

**Decision rationale:** The Primary Treating Physician's report dated October 7, 2014, was noted to show impingement maneuver, Neer, and Hawkins positive, limited by pain and spasms on the right, with anterior glenohumeral and subacromial tenderness and weakness on external rotation on the right associated with pain. An examination of the back was noted to show limited forward bend to 30 degrees lumbosacral, pain with squatting, and tenderness in the lumbar paraspinals. The medical records provided for review report back pain but do not document physical examination findings consistent with facet mediated pain. Further ODG guidelines do not support more than 1 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. As such, the medical records provided for review do not demonstrate findings in support of facet injection.