

<b>Case Number:</b>	CM15-0100078		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 45 year old male who sustained an industrial injury on 04/17/2013. The injured worker was diagnosed with cervicgia, thoracic or lumbosacral neuritis/radiculitis and chronic pain syndrome. Treatment to date includes diagnostic testing, transcutaneous electrical nerve stimulation (TEN's) unit, copper compression stockings, conservative measures and medications. According to the primary treating physician's progress report on May 12, 2015, the injured worker continues to experience neck, lower back, bilateral upper extremity and bilateral lower extremity pain. The pain radiates to the left shoulder with deep tissue pain in the shoulder blade. The injured worker rates his pain level at 8/10. The pain has been the same as last visit and the injured worker would like to try different medications. The injured worker also reports poor sleep quality, fatigue and excessive crying for no reason. Examination of the cervical spine demonstrated flexion at 30 degrees and extension at 20 degrees with paravertebral muscles tenderness bilaterally. Tenderness was noted at the spinous process on C6 and C7 with Spurling's maneuver causing symptoms to the upper extremities. Cervical facet loading is positive bilaterally. The examination of the lumbar spine noted decreased range of motion with limited flexion and extension due to pain. The paravertebral muscles were tender bilaterally with the spinous process tender on L1, L2, L3, L4 and L5. Lumbar facet loading and straight leg raise were positive bilaterally. Gait was normal and no assistive devices were used. The motor examination noted 4/5 in the bilateral upper extremities. The right hip flexors, knee flexors and knee extensors were 3/5 while the left lower extremity noted 4/5. Sensation was decreased over the medial thigh on the right side and hand and lateral thigh and hand on the left side. Current

medications are listed as Morphine Sulfate ER 30mg, Morphine Sulfate IR 15mg, Cyclobenzaprine, Cymbalta, Gabapentin, Terocin Patch and Pantoprazole. Treatment plan consists of leg elevation, heat/ice, transcutaneous electrical nerve stimulation (TEN's) unit, decrease the amount of time wearing the copper compression stockings, medications as prescribed and the current request for facet joint injections at left L3-L4, L4-L5, L5-S1.

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

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

#### **1 facet joint injection (Medial Branch Block) at left L3-L4, L4-L5, L5-S1: 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 - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According MTUS guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." According to ODG guidelines regarding facets injections, "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti, 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial." Furthermore and according to ODG guidelines, 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. The ODG guidelines did not support facet injection for lumbar pain in this clinical context. There is no documentation of

facet mediated pain or that facets are the main pain generator. There is no documentation of failure of conservative therapies in this patient. The request is for facet injection for 3 levels which is not allowed by ODG guidelines. ODG guidelines do not recommend facet injection in more than 2 levels at the same time. In addition a superimposed lumbar radiculopathy is suspected. Therefore, the request for 1 facet joint injection (Medial Branch Block) at left L3-L4, L4-L5, L5-S1 is not medically necessary.