

<b>Case Number:</b>	CM15-0109789		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 60 year old female who sustained an industrial injury on 03/08/2010. The mechanism of injury and initial report are not found in the records received. The injured worker was diagnosed as having cervical spine discopathy, thoracic spine sprain/strain, status post right shoulder arthroscopy, status post carpal tunnel release, right sacroiliac joint arthropathy, and lumbar facet syndrome. Treatment to date has included physical therapy, chiropractic visits, medications, rest, and a home exercise program. Currently, the injured worker complains of thoracic and lumbar spine pain which she rates as a 5-8/10. The pain is described as intermittent pinching, electric-like symptoms, pressure feeling that travels to the lumbar spine. The lumbar spine pain travels to both legs and into the feet and is accompanied by numbness and tingling to the feet with a burning sensation in the thigh. Gait is grossly within normal limits. On examination, there are multiple trigger points in the bilateral upper/mid trapezius that refer pain into the shoulders. There is moderate tenderness to palpation and spasm over the thoracic paraspinal muscles extending to the right trapezius muscles, and there is facet tenderness to palpation over T1-T6. Cervical spine flexion and lateral rotation are slightly diminished. Shoulder range of motion is decreased in the right shoulder to abduction of 150 degrees, forward flexion of 160 degrees, internal rotation of 70 degrees, external rotation of 60 degrees, and crossed shoulder adduction of 20 degrees. There is a well healed surgical scar over the right shoulder and wrist. Impingement signs on the shoulder are negative, the elbow and wrist testing reveal no abnormalities. Muscle testing and reflexes are normal. In the lower spine, there is piriformis tenderness on the right. Sacroiliac tenderness is present with a positive Fabere's/Patrick test. Although there is a notation that "there is limited range of motion" lumbar range of motion measurements are not diminished in any plane. Straight leg test elicits low back pain. She currently has a medication regimen (the medication names are not listed) and uses a transcutaneous electrical nerve stimulation (TENS) unit for pain control. There is a request for

authorization for Home care assistance 4 hours a day, 3 days a week for 6 weeks and Bilateral L2-L5 medial branch block

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

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

**Home care assistance 4 hours a day, 3 days a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

**Decision rationale:** The patient was injured on 03/08/10 and presents with thoracic spine pain and lumbar spine pain which radiates to the bilateral legs and into the bilateral feet with numbness/ tingling to the feet and burning sensation to the left thigh. The request is for HOME CARE ASSISTANCE 4 HOURS A DAY, 3 DAYS A WEEK FOR 6 WEEKS. The RFA is dated 04/08/15 and the patient's current work status is not provided. MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home-bound or a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker services like shopping, cleaning, and laundry and personal care given by home health aids like bathing, dressing, and using the bathroom when this is the only care needed. "The patient has multiple trigger points in the bilateral upper/mid trapezius, moderate tenderness to palpation and spasm over the thoracic paraspinal muscles extending to the right trapezius muscles, facet tenderness to palpation over T1-T6, a decreased cervical spine range of motion, a decreased shoulder range of motion, piriformis tenderness on the right of the lower spine, sacroiliac tenderness is present with a positive Fabere's/Patrick test, and straight leg test elicits low back pain. She is diagnosed with cervical spine discopathy, thoracic spine sprain/strain, status post right shoulder arthroscopy, status post carpal tunnel release, right sacroiliac joint arthropathy, and lumbar facet syndrome. Treatment to date has included physical therapy, chiropractic visits, medications, rest, and a home exercise program. In this case, there is no documentation of paralysis, significant neurologic deficits, or functional loss to prevent this patient from self-care and performing the necessary ADLs. MTUS does not support home care assistance if this is the only care that is needed. The patient does not present with any organic basis for instability to perform home duties. The requested home care assistance IS NOT medically necessary.

**Bilateral L2-L5 medial branch block: 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, Facet joint pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter- Lumbar & Thoracic, Section Facet Joint Medial Branch Block (Therapeutic Injections).

**Decision rationale:** The patient was injured on 03/08/10 and presents with thoracic spine pain and lumbar spine pain which radiates to the bilateral legs and into the bilateral feet with numbness/ tingling to the feet and burning sensation to the left thigh. The request is for BILATERAL L2-L5 MEDIAL BRANCH BLOCK. The RFA is dated 04/08/15 and the patient's current work status is not provided. The ACOEM guidelines page 300-301 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines on the Low Back Chapter- Lumbar & Thoracic, Section Facet Joint Medial Branch Block (Therapeutic Injections) also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms, negative SLR and sensory examination. No more than 2 levels bilaterally are recommended. The patient has multiple trigger points in the bilateral upper/mid trapezius, moderate tenderness to palpation and spasm over the thoracic paraspinal muscles extending to the right trapezius muscles, facet tenderness to palpation over T1-T6, a decreased cervical spine range of motion, a decreased shoulder range of motion, piriformis tenderness on the right of the lower spine, sacroiliac tenderness is present with a positive Fabere's/Patrick test, and straight leg test elicits low back pain. She is diagnosed with cervical spine discopathy, thoracic spine sprain/strain, status post right shoulder arthroscopy, status post carpal tunnel release, right sacroiliac joint arthropathy, and lumbar facet syndrome. Treatment to date has included physical therapy, chiropractic visits, medications, rest, and a home exercise program. Regarding the requested lumbar medial branch block, the patient does not meet guideline criteria. There is no evidence that this patient has had any medial branch blocks to date, nor is she anticipating surgery. The 04/08/15 report states that "the pain in the lumbar spine [travels] to the bilateral legs and into the bilateral feet, left side greater than right with numbness and tingling to the feet and burning sensation to the left thigh. " The presence of radicular symptoms precludes a medial branch block at the requested levels. Guidelines require a lack of radicular pain in the lower back prior to a lumbar medial branch block. Furthermore, the treater is requesting for L2-L5 medial branch blocks which is at 3 different levels. ODG Guidelines states that "no more than 2 levels bilaterally are recommended." Therefore, the request IS NOT medically necessary.