

<b>Case Number:</b>	CM15-0140510		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Preventive Medicine, Occupational 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 42 year old female, who sustained an industrial injury on 3-20-13. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbago lower back pain; trochanteric bursitis; joint dysfunction; encounter long-prescription use; plantar fasciitis-fibromatosis; pain foot-leg-arm-finger. Treatment to date has included physical therapy; urine drug screening; bilateral initial medial branch blocks L3-4, L4-5, L5-S1 (4-16-15); medications. Diagnostics studies included MRI lumbar spine (10-10-14). Currently, the PR-2 notes dated 6-3-15 indicated the injured worker complains of low back and fee pain. She has a really good result with the first set of medial branch blocks (4-16-15). The provider has submitted a request for a second set but these have not been authorized yet. He has also requested a pain psychologist and custom shoes for the plantar fasciitis. She is anxious to get the procedures done and get relief so she can go back to work. She is stable on the current pain medications. The physical examination for the left lower extremity notes range of motion ankle pain. The right and left foot examinations were normal with swelling and tender range of motion. He notes decreased plantar flexion and decreased toe flexion and extension due to pain. The lumbar spine is tender as well as the facet joints with crepitus and decreased rotation, flexion and extension and lateral bending. The sacroiliac joints note a positive Gaenslen's test, positive sacral compression and sacral thrust. The left sacroiliac joint line has decreased flexion and extension due to pain as well as the right with crepitus, decreased flexion and extension due to pain. A "Supplemental Medical - Legal Report " dated 2/9/15 documents a MRI of the lumbar spine completed on 10-10-14 revealing a low-profile L4-L5 protrusion with very subtle annular fissuring and a right facet

synovial cyst which is deep to the ligamentum flavum. There is crowding of subarticular gutters in the neuroforaminal at this level. Generally this is mild to moderate discogenic disease. The provider is requesting authorization of repeat medial branch blocks plus an additional level and custom shoes for plantar fasciitis.

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

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

#### **Repeat medial branch blocks plus an additional level: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter/Facet Joint Diagnostic Blocks (Injections) Section.

**Decision rationale:** Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. In this case, the injured worker has had previous bilateral initial medial branch blocks L3-4, L4-5, L5-S1 on 4/16/15 with significant relief. The guidelines only support one set of medial branch blocks prior to facet neurotomy, therefore, the request for repeat medial branch blocks plus an additional level is determined to not be medically necessary.

#### **Custom shoes for plantar fasciitis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371.

**Decision rationale:** The MTUS Guidelines recommend the use of rigid orthotics (full shoe length inserts made to realign within the foot and from foot to leg) for patients with plantar fasciitis and metatarsalgia. Orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability. In this case, the injured worker has a history of long-standing plantar fasciitis. It is unclear if previous orthotics has been prescribed and if they were helpful. This request does not give specific details of the type of orthotic that is needed. The request for custom shoes for plantar fasciitis is determined to not be medically necessary.



