

<b>Case Number:</b>	CM15-0184948		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, Pain Management, 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 54 year old female, who sustained an industrial injury on 12-8-11. The injured worker was diagnosed as having multilevel degenerative disc disease L3-4 through L5-S1; mild disc bulge; mild facet arthritis; cervical disc disease; chronic neck and low back pain. Treatment to date has included physical therapy; chiropractic therapy; acupuncture; medications. Diagnostics studies included MRI lumbar spine (7-31-15). Currently, the PR-2 notes dated 7-31- 15 indicated the injured worker complains of cervical spine, lumbar spine and bilateral shoulders. The provider documents "The patient returns today for follow-up with persistent pain in the neck which she rates at 8 out of 10, constant and about the same. It radiates to both shoulders worse on the right. The lower back is 8 out of 10, constant, the same and it radiates to both feet. The bilateral shoulder pain is at 7 out of 10 on the right and 5 out of 10 on the left, constant and about the same. The pain is made better with rest and medication. She takes Tramadol that helps her pain from an 8 or 9 down to a 4. However, she states that it does keep her from sleeping through the night. She also takes Omeprazole for her gastrointestinal upset only as needed. The pain is made worse with activities." She is currently not working. Objective findings are documented as "Examination of the cervical spine revealed decreased range of motion. There was tenderness over the paraspinals. There was hypertonicity over the right trapezius muscles. There was decreased strength and sensation 4+ out of 5 on C5, C6, C7, and C8 on the right and normal on the left. Examination of the lumbar spine revealed decreased range of motion. There was tenderness over the paraspinals, right greater than left,

Radiating down into the sacroiliac joint with tenderness over the sciatic notch on the right and slight decreased strength 4+ out of 5 on the right L4 only. Examination of the bilateral shoulders revealed symmetrical decreased range of motion at 150 degrees. There was slight decreased strength 4+ out of 5 with flexion and extension. There was tenderness to the acromioclavicular joints. There was positive Neer's impingement bilaterally." The provider notes that due to persistent pain in the lumbar spine with worsening weakness in the right lower extremity, he would like a MRI of the lumbar spine to rule out herniated nucleus pulposus versus degenerative joint disease, which was recommended by the spine surgeon in his report dated 6-8-15. He is also requesting cervical epidural steroid injection at C5-C6 which he states was also recommended by the surgeon in that report. The PR-2 notes dated 9-10-15 the provider indicates the injured worker has the same type of pain in the cervical, lumbar spine and bilateral shoulders. The injured worker reports the pain as "8 out of 10". The physical examination has not changed. However, the treatment plan is requesting a cervical MRI and cervical epidural steroid injections and bilateral facet lumbar injections at L3-L4, L4-5 and L5-S1. The provider states this is per the surgeons report on 8-26-15. Neither report from the spine surgeon was seen in the submitted medical documentation. A MRI of the lumbar spine was done on 7-31-15 with an impression stating: "1) Multilevel degenerative changes of the lumbar spine from L3-L4 through L5-S1. At L3-L4, there is a mild disc bulge and mild facet arthrosis causing mild central canal stenosis, moderate left foraminal stenosis, and mild right foraminal stenosis. At L4-L5, there is a mild disc bulge and moderate bilateral facet arthrosis, right greater than left, causing mild central and mild bilateral neural foraminal stenosis. At L5-S1, very minimal grade 1 anterolisthesis with uncovering of the intervertebral disk and moderate bilateral facet arthrosis contributing to moderate left and mild right foraminal stenosis. 2) No acute osseous abnormality." A Request for Authorization is dated 9-14-15. A Utilization Review letter is dated 8-27-15 and non- certification was for a Bilateral L3-4, L4-L5, and L5-S1 Facet injection. A request for authorization has been received for a Bilateral L3-4, L4-L5, L5-S1 Facet injection.

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

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

#### **Bilateral L3-4, L4-L5, L5-S1 Facet injection: 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), Neck and upper back (Acute & Chronic) - Facet joint diagnostic blocks (injections).

**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: Facet joint diagnostic blocks (injections).

**Decision rationale:** ODG states that no more than two levels should be injected at the same time when performing facet joint blocks. This request for bilateral three level facet blocks does not adhere to ODG and is not medically necessary. There is no accompanying explanation as to why three levels need to be blocked at one session.