

<b>Case Number:</b>	CM15-0203340		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 52-year-old male, with a reported date of injury of 02-19-2014. The diagnoses include pain in the forearm joint, thoracic sprain and strain, and degeneration of the lumbar lumbosacral disc. The visit note dated 05-18-2015 indicates that the injured worker had increased pain in the right forearm with gripping. The injured worker stated that the right elbow was very painful currently. He also stated that his pain was worse towards the evening and when he is sleeping. It was noted that the injured worker continued to have low back pain. On 04-16-2015, the injured worker also complained of pain in the low back. The objective findings include normal muscle tone without atrophy in the bilateral upper and lower extremities; lumbar extension at 10 degrees; lumbar flexion at 50 degrees; left lateral bending at 15 degrees; right lateral bending at 15 degrees; negative straight leg raise; spasm and guarding of the lumbar spine; and normal lumbar spine motor strength. It was noted that an MRI of the elbow showed evidence of common extensor tendinosis and peritendinitis, and mild distal biceps tendon tendinosis. The treating physician noted that the injured worker had temporary pain relief with chiropractic treatment and physical therapy for the lumbar spine. It was also noted that the injured worker's pain had returned to baseline. The injured worker's work status was noted as not permanent and stationary. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Gabapentin, Hydrocodone, Relafen, Venlafaxine, Omeprazole, right lateral elbow injection on 11-13-2014 "with improvement for about 2 months", elbow strap (which was noted to help with his pain), TENS unit (which was noted to help with his pain), 12 sessions of physical therapy, chiropractic

treatment, and cortisone injection with ultrasound guidance on 11-13-2014. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested diagnostic right lumbar facet joint injection at L4-5 and L5-S1; (1st level times one; 2nd level times one); each additional level times three, with fluoroscopic guidance times one and IV sedation times one. On 10-14-2015, Utilization Review (UR) modified the request for diagnostic right lumbar facet joint injection at L4-5 and L5-S1; (1st level times one; 2nd level times one); each additional level times three to 2-level medial branch block at L4-5 and L5-S1 with fluoroscopic guidance times; and non-certified the request for IV sedation times one.

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

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

**Diagnostic right lumbar facet joint injection at L4-L5 and L5-S1 (1st level x1, 2nd level x1); each additional level x3, with fluoroscopic guidance and IV sedation: 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), Criteria for the use of diagnostic blocks for facet "mediated" pain.

**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 intra-articular injections (therapeutic blocks).

**Decision rationale:** Per ODG Low Back / Facet joint intra-articular injections (therapeutic blocks): "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." In this case, review of clinical notes from 5/18/15 show that this patient does not meet the above ODG criteria because no more than one therapeutic intra-articular block is recommended and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Thus, the recommendation is not medically necessary.