

<b>Case Number:</b>	CM15-0029691		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/28/2005
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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, Hawaii

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 is a 55 year old female, who sustained an industrial injury on October 28, 2005. She has reported slipping and falling. The diagnoses have included cervical radiculopathy, cervical multilevel disc bulging, degenerative disc disease, status post cervical spine fusion C4-C7, right shoulder impingement, lumbar spine facet arthrosis, and lumbar spine degenerative disc disease. Treatment to date has included neck surgery, physical therapy, chiropractic treatments, epidural steroid injection (ESI), TENS, and medications. Currently, the injured worker complains of neck pain, right arm pain, bilateral shoulder pain, tension headaches, and low back pain. The Secondary Treating Physician's report dated November 6, 2014, noted examination of the cervical spine revealed a healed scar, decreased and painful range of motion (ROM), and mild muscle spasms. Examination of the lumbar spine was noted to show decreased and painful range of motion (ROM), muscle spasms, positive straight leg raises bilaterally, Lasegue positive bilaterally, bilateral S1 radiculopathy, tenderness to palpation over the facet joints, and pain with axil loading. Examination of the right shoulder revealed a positive impingement sign and tenderness to palpation over the AC joint. X-rays of the lumbar spine were noted to show status post C4-C7 fusion hardware intact and fusion incorporating. On January 21, 2015, Utilization Review non-certified lumbar facet blocks bilateral L2-L5, noting there was no detailed discussion of the efficacy of prior treatment or prior lumbar injections, and based on the very chronic nature of the condition, the diagnosis of lumbar radiculitis, and the treatment guidelines, the request was not medically necessary. The MTUS Chronic Pain Medical Treatment

Guidelines was cited. On February 17, 2015, the injured worker submitted an application for IMR for review of lumbar facet blocks bilateral L2-L5.

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

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

#### **Lumbar Facet Blocks Bilateral L2-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**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 Medial Branch Blocks.

**Decision rationale:** The patient presents with left shoulder, neck, and lower back pain, which have remained constant since last visit. The current request is for Lumbar Facet Blocks Bilateral L2-L5. The treating physician states, the patient states that she is still feeling pain and stiffness in her neck. She states she feels stiff in the shoulders and gets tension headaches because of the pain. We continue to request lumbar spine facet blocks L2-5 bilaterally x1 (B.327/28) No further discussion on the current request was included. ODG guidelines allow one set of facet intra-articular therapeutic injection and for additional treatments, medial branch block followed by RF ablation if successful. The ODG guidelines also state that injections are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, the current request is for 3 levels, which is above the maximum allowed by the ODG guidelines. The current request is not medically necessary.