

<b>Case Number:</b>	CM15-0033199		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	03/26/1990
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: 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 69-year-old female who reported an injury on 03/26/1990. The mechanism of injury was not specifically stated. The current diagnoses include low back pain, history of lumbar sprain/strain, history of a prior laminectomy at L4-5, history of lumbar radiofrequency ablation, history of bilateral knee replacement with revision x3, history of MRSA infection, breast cancer, status post partial mastectomy, status post chemotherapy and radiation treatment, nonindustrial hypertension, and chronic L5 radiculopathy. The injured worker presented on 11/12/2014 for a follow-up evaluation regarding severe flare up of low back pain with associated muscle spasm and radiating symptoms into the left lower extremity. The injured worker was requesting to try another triple block injection as well as epidural injection for low back and leg symptoms. Prior injections were reportedly very helpful in restoring the injured worker's level of function. Upon examination, there was limited range of motion with flexion at 30 degrees, extension at 10 degrees, positive straight leg raise at 80 degrees bilaterally, altered sensation to light touch and pinprick in the left lateral calf and bottom of the foot, 1+ deep tendon reflexes at the knees and ankles bilaterally, and palpable muscle spasm. Recommendations at that time included a refill of Norco 10/325 mg, Tylenol extra strength, and ibuprofen 400 mg. The physician also recommended a follow-up with a pain anesthesiologist for an additional injection. A Request for Authorization form was then submitted on 11/17/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right L3-L4 lumbar medical branch blocks QTY: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injection, are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when there is evidence of facet mediated pain upon examination. Facet joint diagnostic blocks are not recommended for patients with low back pain that is radicular in nature. In this case, the injured worker presented with complaints of severe low back pain with radiating symptoms into the left lower extremity. Upon examination, there was positive straight leg raise, diminished sensation, and diminished deep tendon reflexes. Given the injured worker's radicular symptoms, the injured worker is not currently a candidate for facet joint injections. Therefore, the current request is not medically appropriate. Additionally, it was noted that the injured worker had been previously treated with facet joint injections. However, there was no documentation of a significant functional improvement following the initial procedure. There was also no evidence of a recent attempt at any conservative management to include active rehabilitation prior to the request for an additional procedure. Given the above, the request is not medically appropriate.

### **Left L3-L4 lumbar medical branch blocks QTY:1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injection, are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when there is evidence of facet mediated pain upon examination. Facet joint diagnostic blocks are not recommended for patients with low back pain that is radicular in nature. In this case, the injured worker presented with complaints of severe low back pain with radiating symptoms into the left lower extremity. Upon examination, there was positive straight leg raise, diminished sensation, and diminished deep tendon reflexes. Given the injured worker's radicular symptoms, the injured worker is not currently a candidate for facet joint injections. Therefore, the current request is not medically appropriate. Additionally, it was noted that the injured worker had been previously treated with facet joint injections. However, there was no documentation of a significant functional improvement

following the initial procedure. There was also no evidence of a recent attempt at any conservative management to include active rehabilitation prior to the request for an additional procedure. Given the above, the request is not medically appropriate.

**Right L4-L5 lumbar medical branch blocks QTY:1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injection, are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when there is evidence of facet mediated pain upon examination. Facet joint diagnostic blocks are not recommended for patients with low back pain that is radicular in nature. In this case, the injured worker presented with complaints of severe low back pain with radiating symptoms into the left lower extremity. Upon examination, there was positive straight leg raise, diminished sensation, and diminished deep tendon reflexes. Given the injured worker's radicular symptoms, the injured worker is not currently a candidate for facet joint injections. Therefore, the current request is not medically appropriate. Additionally, it was noted that the injured worker had been previously treated with facet joint injections. However, there was no documentation of a significant functional improvement following the initial procedure. There was also no evidence of a recent attempt at any conservative management to include active rehabilitation prior to the request for an additional procedure. Given the above, the request is not medically appropriate.

**Left L4-L5 lumbar medical branch blocks QTY:1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injection, are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when there is evidence of facet mediated pain upon examination. Facet joint diagnostic blocks are not recommended for patients with low back pain that is radicular in nature. In this case, the injured worker presented with complaints of severe low back pain with radiating symptoms into the left lower extremity. Upon examination, there was positive straight leg raise, diminished sensation, and diminished deep tendon reflexes. Given the injured worker's radicular symptoms, the injured worker is not currently a candidate for facet joint injections. Therefore, the current request is not medically appropriate.

Additionally, it was noted that the injured worker had been previously treated with facet joint injections. However, there was no documentation of a significant functional improvement following the initial procedure. There was also no evidence of a recent attempt at any conservative management to include active rehabilitation prior to the request for an additional procedure. Given the above, the request is not medically appropriate.

**Fluoroscopy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.