

<b>Case Number:</b>	CM15-0062473		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained an industrial injury to the low back, right shoulder and right wrist on 4/12/13. Previous treatment included magnetic resonance imaging, right shoulder arthroscopy, lumbar spine surgery, right wrist surgery, physical therapy, acupuncture, chiropractic therapy, home exercise, injections, heat and medications. In a PR-2 dated 3/10/15, the injured worker complained of pain to the low back, right shoulder and right wrist with radiation down bilateral legs associated with numbness. Physical exam was remarkable for lumbar spine with limited and painful range of motion, tenderness to palpation over bilateral L4-5 and L5-S1 facet joints and disc spaces, numbness across both feet, reduced ankle reflex bilaterally, normal gait and normal bilateral lower extremity strength. Current diagnoses included shoulder osteoarthritis, lumbar spine spondylosis and lumbar disc prolapse with radiculopathy. The treatment plan included medications (Tramadol), bilateral facet block under sedation at L4-5, L5-S1 and pain management follow up in three weeks. A progress report dated September 29, 2014 indicates that the patient has a positive straight leg raise, weakness in the left leg, and decreased sensation over the L5-S1 dermatomes on the left. An MRI of the lumbar spine is recommended. An MRI dated September 29, 2014 indicates that there is neural foraminal narrowing at L4-5 and L5-S1. No facet arthropathy is identified. An epidural injection was recommended on October 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Facet Block under sedation at L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

**Decision rationale:** Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. Within the documentation available for review, there is no indication that the patient has failed conservative treatment directed towards his axial low back pain. Additionally, it appears the patient has active symptoms of radiculopathy for which an epidural was recommended. Guidelines do not support the use of facet injections in patients with active radiculopathy. In light of the above issues, the currently requested facet injections are not medically necessary.

**Pain Management Follow Up Visit: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Office visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

**Decision rationale:** Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is

acknowledged that the facet injections are recommended for non-certification due to not meeting the medical necessity criteria. However, follow up with a pain management is reasonable to identify whether other treatment options may be indicated, or if additional documentation can be provided to support the requested injections. As such, the currently requested follow-up is medically necessary.