

<b>Case Number:</b>	CM15-0012818		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/22/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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, Washington

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:

The injured worker is a 65-year-old female who reported injury on 09/22/2008. Her mechanism of injury was a 6 foot fall off stage where she was working as a photographer. Her diagnoses included lumbago, spinal stenosis of lumbar region without neurogenic claudication, osteoarthritis generalized involving multiple sites, myalgia and myositis unspecified, lumbosacral spondylosis without myelopathy, encounter for therapeutic drug monitoring, and long term current use other medications. Her medications included compounded topical medication, Zohydro, Miralax, and Savella. Her progress note dated 01/15/2015 documented the injured worker had complaints of pain in her right shoulder into her neck, right knee, right hip, and pelvis. She reported having fallen in the past 3 years, issues with instability, and pain in the right foot on the lateral aspect. An MR of the right knee without contrast was performed on 05/29/2014 with results indicated the patella was tilted and subluxed laterally. Minimal thickening of the MCL reflected remote sprain. There was an approximately 2 cm trizonal tear involving the posterior body horn junction of the medial meniscus, mild inflammation was noted within Hoffa's fat, and the lateral meniscus was intact. An MRI of the lumbar spine without contrast was performed 05/29/2014 with indications of mild central canal narrowing at L4-5 related to bulging disc, minimal facet change, ligamentum flavum buckling, and congenitally short pedicles; minimal lateral recess narrowing was also demonstrated at this level. Shallow spondylotic ridging at L5-S1 resulted in mild left greater than right lateral recess stenosis. There was no high grade or focal neural effacement throughout the lumbar spine. An MRI of the left knee without contrast was performed on 08/12/2014 with conclusion of subtle undersurface and

free edge tear of the posterior horn of the medial meniscus in a background of diffuse myxoid degeneration. Outer third tear was evident within the posterior horn body junction.

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

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

**Bilateral lumbar facet nerve block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck & Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**Decision rationale:** The request for bilateral lumbar facet nerve block is not medically necessary. The ACOEM Guidelines state that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines include suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research): (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) Predominate axial low back pain; (3) Absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Criteria for the use of diagnostic blocks for facet 'mediated' pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. (1) One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. (2) Limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. (3) There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4 to 6 weeks. (4) No more than 2 facet joint levels are injected in 1 session (see above for medial branch block levels). There is a lack of documentation regarding tenderness to palpation in the paravertebral areas over the facet region on physical exam, predominate axial low back pain, and testing for radicular findings in a dermatomal distribution. As there is a lack of documentation regarding the indicator of pain related to facet joint pathology, the request for bilateral lumbar facet nerve block is not medically necessary.