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| <b>Case Number:</b>   | CM13-0010601 |                              |            |
| <b>Date Assigned:</b> | 09/23/2013   | <b>Date of Injury:</b>       | 05/16/2006 |
| <b>Decision Date:</b> | 02/04/2014   | <b>UR Denial Date:</b>       | 07/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 39-year-old male who reported an injury on 05/16/2006. The patient is diagnosed as status post 2 levels ALIF with residual. The patient was seen by [REDACTED] on 06/24/2013. Physical examination revealed severely limited lumbar range of motion, positive straight leg raising, positive Braggard's and bowstring testing, positive Kemp's testing bilaterally, severe tenderness to palpation over the bilateral L4-5 and L5-S1 facet joints, weakness in the right sided tibialis anterior, and decreased sensation in the L4 and L5 dermatomes. Treatment recommendations included bilateral facet injections at L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 selective lumbar facet block bilaterally at L4-5 and L5-S1: Upheld**

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

**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 Injections.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines states there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet joint injections are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. There should be documentation of a failure of conservative treatment. As per the clinical notes submitted, the patient's physical examination revealed severely limited range of motion, tenderness to palpation, lower extremity weakness on the right, and decreased sensation on the right with positive straight leg rising. The patient underwent an MRI of the lumbar spine in 07/29/2013, which did not indicate facet abnormality at L4-5 or L5-S1. Based on the clinical information received, the patient does not currently meet criteria for the requested service. As such, the request is non-certified.

**Norco:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of no opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, there is no evidence of a failure to respond to no opioid analgesics prior to the initiation of Norco. Despite the ongoing use of opioid medication, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.