

<b>Case Number:</b>	CM13-0037597		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/25/1996
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Interventional Spine, and is licensed to practice in California. 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:

This is a 62 year-old female with a 1/25/1996 industrial injury claim. She has been diagnosed with intermittent bilateral cervical radiculopathy; C5/6 disc degeneration/kyphosis; L3/4 grade II spondylolisthesis; bilateral lumbar radiculopathy; bilateral knee DJD; s/p prior L4/5 fusion. On 9/13/13 UR reviewed the 8/27/13 report from [REDACTED], and recommended denial for bilateral facet blocks at L3/4; a UDS; and radiofrequency ablation oat L3/4 if facet blocks are diagnostic. According to the 8/27/13 report, the patient presents with neck pain radiating down both arms to the forearms and thumbs she has elbow pain and lower back pain radiating down the right leg to the big toe, and on the left to the calf.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL FACET BLOCKS AT L3-4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back- Facet Joint Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Low Back, online for diagnostic facet blocks.

**Decision rationale:** According to the 8/27/13 report, the employee presents with neck pain radiating down both arms to the forearms and thumbs. The employee has elbow pain and lower back pain radiating down the right leg to the big toe, and on the left to the calf. The request is for bilateral lumbar facet blocks. The ACOEM guidelines, do not provide strong support for lumbar facet injections or lumbar radiofrequency ablation. The ODG guidelines discuss criteria for lumbar diagnostic facet blocks and state: "Limited to patients with low-back pain that is non-radicular" The employee that has low back pain radiating down the right leg to the big toe and down the left leg to the calf, does not appear to meet the ODG guidelines requirement for non-radicular pain for diagnostic facet injections.

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Urine Drug Testing.

**Decision rationale:** According to the 8/27/13 report, the employee presents with neck pain radiating down both arms to the forearms and thumbs. The employee has elbow pain and lower back pain radiating down the right leg to the big toe, and on the left to the calf. There is a request for urine drug testing (UDT). The 8/27/13 medical report does not discuss whether the employee is above low-risk for aberrant drug behavior, and does not discuss the UDT that was performed on 7/29/13. The issue appears to be the frequency of UDT. The MTUS guidelines do not specifically discuss the frequency that UDT should be performed. The ODG guidelines are more specific on the topic and state: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." The ODG guidelines indicate that for patients at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under the ODG guidelines

**RADIOFREQUENCY ABLATION, L3-4, IF FACET BLOCKS DIAGNOSTIC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lumbar Spine - Facet Joint Radiofrequency Neurotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** According to the 8/27/13 report, the employee presents with neck pain radiating down both arms to the forearms and thumbs. The employee has elbow pain and lower back pain radiating down the right leg to the big toe, and on the left to the calf. The MTUS/ACOEM guidelines indicate that cervical radiofrequency neurotomies have been shown

to have good results, but not for the lumbar spine. Lumbar diagnostic facet injections were not recommended due to the radicular pain down the legs. The request for lumbar radiofrequency neurotomy is not in accordance with the MTUS/ACOEM guidelines.