

<b>Case Number:</b>	CM13-0047147		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/01/2000
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 77-year-old male who has submitted a claim for Mild Instability at L1-L2, Possible Osteomyelitis, and Pain Most Concordant with Pathology at the Upper Lumbar Spine/Thoracolumbar Junction, associated with an industrial injury date of May 1, 2000. Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of low back pain that is non-radiating. On physical examination, lumbar facet load was positive bilaterally at the thoracolumbar junction. Straight leg raise test was negative bilaterally. There was weakness of the bilateral thigh flexors and bilateral knee flexion and extension. CT of the lumbar spine dated July 25, 2013 revealed mild retrolisthesis, L1 on L2, and anterolisthesis, L4 on L5; mild central bony foraminal stenosis at L4-5; and moderate central bony foraminal stenosis at L4-5. Treatment to date has included physical therapy, L5-S1 anterior lumbar interbody fusion, removal of posterior segmental instrumentation, home exercise program, and medications including Lidoderm 5% patch (since September 2013). Utilization review from October 30, 2013 denied the request for diagnostic bilateral medial branch block at T1-2, L1, L2, because the clinical findings did not strongly support the presence of facet-mediated pain; and Lidoderm 5% patches because there was no clinical evidence to suggest the presence of post-herpetic neuralgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE DIAGNOSTIC BILATERAL MEDIAL BRANCH BLOCK AT T12, L1, L2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12- LOW BACK COMPLAINTS, 300

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Medial Branch Blocks (Therapeutic Injections); Facet Joint Diagnostic Blocks (Injections)

**Decision rationale:** CA MTUS does not specifically address facet joint medial branch blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that facet joint medial branch blocks are not recommended except as a diagnostic tool. Criteria for the use of diagnostic blocks for facet-mediated pain include (1) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (2) documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (3) no more than two facet joint levels are injected in one session. In this case, the patient exhibited non-radicular low back pain. However, there was no discussion of failure of conservative management. Furthermore, the present request involves three lumbar levels, which exceeds the recommended number of levels to be injected. The criteria were not met. Therefore, the request for 1 Diagnostic bilateral medial branch block at T12, L1, L2 is not medically necessary.

**PRESCRIPTION OF LIDODERM 5% PATCHES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- LIDODERM (LIDOCAINE PATCH), ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidoderm® (Lidocaine Patch) Page(s): 56-57.

**Decision rationale:** According to pages 56-57 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, Lidoderm was being prescribed since September 2013 (nine months to date). However, there was no documentation of functional gains. The medical records also failed to provide evidence of post-herpetic neuralgia. There is no clear indication for continued use of Lidoderm patch. Therefore, the request for 1 prescription of Lidoderm 5% patches is not medically necessary.