

Case Number:	CM13-0070319		
Date Assigned:	06/25/2014	Date of Injury:	07/08/2009
Decision Date:	08/13/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 61-year-old female with a reported date of injury of 07/08/2009. The mechanism of injury was reported as a fall from a 4 foot platform. The injured worker presented with right neck pain rated at 4-5/10. There was low back pain rated at 7-8/10. The injured worker presents with pins and needles in the left leg as well as numbness and stabbing pain in the feet. The injured worker reported that when sitting for long periods the toes become numb. According to the clinical documentation, the injured worker has previously participated in 34 sessions of acupuncture, which helped to relieve the pain. In addition, the injured worker states that she has not taken medications for a month and a half. Upon physical examination, the injured worker's lower back presented with tenderness to palpation and positive bilateral facet joint loading and positive bilateral Fabere's exam. The range of motion was decreased in all planes. In addition, the injured worker presented with negative straight leg raise bilaterally. The lumbar MRI dated 07/28/2010 revealed right paracentral disc protrusion that effaces the ventral epidural fat by approximately 2 mm at L2-3 and a disc bulge seen that effaces the ventral epidural fat by approximately 1 mm to 2 mm at the L3-4. The x-ray of the lumbar spine dated 07/11/2011 revealed unremarkable lumbar spine x-rays. The electrodiagnostic consultation dated 08/01/2011 revealed a normal study. There was no electrodiagnostic evidence of focal nerve entrapment, cervical radiculopathy, lumbar radiculopathy, or generalized peripheral neuropathy affecting the upper or lower extremities. The MRI of the lumbar spine dated 10/20/2011 revealed mild degenerative disc disease with facet arthropathy and retrolisthesis at L4-5, mild canal stenosis and neural foraminal narrowing. The electrodiagnostic testing dated 10/17/2012 revealed a normal study. The lumbar MRI dated 11/09/2012 revealed degenerative disc disease and facet arthropathy with L4-5 mild canal stenosis and mild left, mild to moderate neural foraminal narrowing. The injured worker's diagnoses included lumbar degenerative disc

disease, lumbar spondylosis, and lumbar facet arthropathy. The injured worker's medication regimen included Norco, Promolaxin, Norflex, Orphenadrine citrate, Docuprene, and Terocin patches. The request for authorization for left lumbar medial branch block L1, left lumbar medial branch block L2, left lumbar medial branch block, L3-4, and acupuncture 2 times a week times 3 weeks, cyclobenzaprine 7.5 mg quantity 60, MiraLax quantity 1, office visit follow-up in 4 weeks and Senna quantity 60 was submitted on 12/14/2013, the rationale for the lumbar medial branch nerve block was positive to proceed with rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR MEDIAL BRANCH NERVE BLOCK, L1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 12/4/13).

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 Diagnostic Blocks (injections).

Decision rationale: The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed level. Current research indicates a minimum of 1 diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. The criteria for use of diagnostic blocks for facet mediated pain include 1 set of diagnostic medial branch blocks is required with a response of greater than or equal to 70% limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally, 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. No more than 2 facet joint levels are injected in 1 session. The clinical information provided for review indicates the injured worker has complaints of pins and needles in the leg and numbness and stabbing pain in the feet, numbness, stabbing and tingling sensation in the lower extremities. In addition, the clinical information lacks documentation related to the failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. The request includes 3 different lumbar medial branch blocks at 3 different facet joint levels. The guidelines state that no more than 2 facet joints levels are injected in 1 session. Therefore, the request for left lumbar medial branch nerve block, L1 is not medically necessary.

LEFT LUMBAR MEDIAL BRANCH NERVE BLOCK, L2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 12/4/13).

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).

Decision rationale: The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed level. Current research indicates a minimum of 1 diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. The criteria for use of diagnostic blocks for facet mediated pain include 1 set of diagnostic medial branch blocks is required with a response of greater than or equal to 70% limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally, 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. No more than 2 facet joint levels are injected in 1 session. The patient should document pain relief with an instrument such as a Visual Analog Scale, emphasizing the importance of reporting the maximum pain relief and maximum duration of pain. The clinical information provided for review indicates the injured worker has complaints of pins and needles in the leg and numbness and stabbing pain in the feet, numbness, stabbing and tingling sensation in the lower extremities. In addition, the clinical information lacks documentation related to the failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. The request includes 3 different lumbar medial branch blocks at 3 different facet joint levels. The guidelines state that no more than 2 facet joints levels are injected in 1 session. Therefore, the request for left lumbar medial branch nerve block, L2 is non-certified.

LEFT LUMBAR MEDIAL BRANCH NERVE BLOCK, L3 AND L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 12/4/13).

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).

Decision rationale: The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed level. Current research indicates a minimum of 1 diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. The criteria for use of diagnostic blocks for facet mediated pain include 1 set of diagnostic medial branch blocks is required with a response of greater than or equal to 70% limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally, 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. No more than 2 facet joint levels are injected in 1 session. The clinical information provided for review indicates the injured worker has complaints of pins and needles in the leg and numbness and stabbing pain in the feet, numbness, stabbing and tingling sensation in the lower extremities. In addition, the clinical information lacks documentation related to the failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. The request includes 3 different lumbar medial branch blocks at 3 different facet joint levels. The guidelines state that no more than 2 facet joints levels are injected in 1 session. Therefore, the request for left lumbar medial branch nerve block, L3 and L4 is not medically necessary.

ACUPUNCTURE 2XWEEK X 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture is usually an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, the guidelines recommend time to produce functional improvement is 3 to 6 treatments, with frequency of 1 to 3 times per week, and optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. According to the clinical documentation provided for review, the injured worker has previously participated in 34 acupuncture treatments. There is a lack of documentation related to functional improvements and therapeutic benefit in the utilization of previous acupuncture. In addition, there is a lack of documentation related to previous physical therapy and/or the utilization of physical therapy in conjunction with acupuncture. In addition, the request as submitted failed to provide the specific site at which the acupuncture was to be utilized. The request for 12 additional acupuncture visits exceeds the recommended guidelines. Therefore, the request for Acupuncture 2xweek x 6 weeks is not medically necessary.

CYCLOBENZAPRINE, 7.5 MG QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), page (s) 41 Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend cyclobenzaprine as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes with the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. According to the clinical documentation provided for

review the injured worker has utilized cyclobenzaprine prior to 2012. There is a lack of documentation related to the therapeutic and functional benefit in the long-term use of cyclobenzaprine. The guidelines recommend cyclobenzaprine using a short course of therapy. The request for continued use of cyclobenzaprine exceeds the recommended guidelines. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for CYCLOBENZAPRINE, 7.5 MG QTY: 60 is non-certified.

MIRILAX QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID GUIDELINES (PROPHYLACTIC TREATMENT OF CONSTIPATION) Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation.

Decision rationale: The Official Disability Guidelines recommend opioid induced constipation treatment is recommended as indicated. Opioid induced constipation is a common adverse effect of long-term opiate use because of binding of opioid receptors in the gastrointestinal tract result in absorption of electrolytes such as chloride with subsequent reduction in the small intestinal fluid. According to the documentation provided for review, the injured worker is utilizing Docusate Sodium which the physician indicated was helpful with the injured worker's constipation. The rationale for the addition of MiraLax was not provided within the documentation available for review. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for MIRILAX QTY: 1 is non-certified.

OFFICE VISIT FOLLOW UP IN 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend office visits as determined to be medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. According to the most recent clinical note provided for review, the injured worker was scheduled for a follow-up in 8 weeks. There is a lack of documentation indicating the injured worker would need to follow-up sooner than 8 weeks. Therefore, the request for office visit follow up in 4 weeks is not medically necessary.

SENNA QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID GUIDELINES (PROPHYLACTIC TREATMENT OF CONSTIPATION) Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation.

Decision rationale: The Official Disability Guidelines recommend opioid induced constipation treatment is recommended as indicated. Opioid induced constipation is a common adverse effect of long-term opiate use because of binding of opioid receptors in the gastrointestinal tract result in absorption of electrolytes such as chloride with subsequent reduction in the small intestinal fluid. According to the documentation provided for review, the injured worker is utilizing Docusate Sodium which the physician indicated was helpful for her constipation. The rationale for the addition of Senna was not provided within the documentation available for review. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for SENNA QTY: 60 is non-certified.