

<b>Case Number:</b>	CM14-0012552		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 & 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 patient is a 57 year old male who was injured on 1/13/03. The mechanism of injury was not provided for review. Prior treatment history has included the patient undergoing lumbar medial branch blocks at L3, L4, L5, S1 left, a total of four blocks. A PR-2 dated 8/14/13 documented that the patient's pain level has increased since the last visit. Current medications include: Zanaflex, Soma, Gabapentin, and Lortab. A PR-2 dated 12/18/13 documented that the patient has complaints of poor quality of sleep. His activity level has remained the same. He has low back pain without radiation that he rates at 8/10. He states that he continues to be functional with his current medications and doses. Current medications include Gabapentin 600mg, Lortab 10/500mg, and Soma 350 mg. Objective findings on examination of the lumbar spine reveal that range of motion is restricted. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band are noted on both sides. Lumbar facet loading is positive on the left side. Straight leg raising test is negative. Ankle jerk is ¼ on both sides. Patellar jerk is 2/4 on the right side and ¼ on the left. Light touch sensation is patchy in distribution. Straight leg raising test is positive on left side. Diagnoses include post lumbar laminectomy syndrome, lumbar radiculopathy, spinal/lumbar degenerative disc disease, knee pain, pain in the lower leg joint, foot pain, and sacroiliac pain. The patient states that he has no leg pain, but continues to have low back pain, left greater than right. Exam shows facet loading to the left. He continues to be functional with medications. His medications include Lortab 10/500mg, Soma 350mg, and Gabapentin 600mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE MEDIAL BRANCH BLOCK AT L3,L4,L5, AND S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM , CHAPTER 12, PAGE 300-1

**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 - Lumbar & Thoracic, Facet joint diagnostic blocks (injections)

**Decision rationale:** The California ACOEM/MTUS guidelines do not discuss the issue in dispute, so the Official Disability Guidelines have been consulted. According to the Official Disability Guidelines, lumbar facet joint medial branch blocks as therapeutic injections are not recommended, and may only be considered as a diagnostic tool. The guidelines indicate that the injections must be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The request for medial branch blocks at three levels bilaterally exceeds the guideline recommendations, and is not supported. Furthermore, there is limited clinical evidence of facet-mediated pain in this case. There is no mention of painful range of motion of the lumbar spine in extension, rotation, or lateral bending. There is no imaging evidence of lumbar facet arthropathy. Also, the clinical notes indicate that the patient has muscle spasm, tenderness and tight muscle and band, characteristics of myofascial pain. As such, the request is not medically necessary.

**GABAPENTIN 600 MG, # 60:** 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, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16-19.

**Decision rationale:** According to the guidelines, an anti-epilepsy drug (AED) such as Gabapentin is recommended for neuropathic pain, such as in painful diabetic neuropathy and postherpetic neuralgia. It has also been considered and used as a first-line treatment for neuropathic pain. There is no documentation in the medical records of radiating pain or burning sensation in the lower extremities. There is no documentation of any subjective benefit with Gabapentin. There is no imaging or electrodiagnostic evidence of radiculopathy. Furthermore, there are no signs or symptoms of painful neuropathy. As such, the request is not medically necessary.