

<b>Case Number:</b>	CM14-0119385		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/07/2004
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 56 year old male who is reported to have sustained injuries to his right knee and low back as a result of a motor vehicle accident occurring on 05/07/2004. Post accident the injured worker has had chronic low back pain and right knee pain. He is noted to be status post arthroscopic surgery and later manipulation under anesthesia performed on 08/08/05. The records indicate that the injured worker has continued complaints of low back pain radiating into the right lower extremity and right knee pain. Current medications include Norco 10/325. On physical examination he is noted to be in no acute distress. He is noted to be wearing a right knee brace which was removed with well healed anterior knee scars. He has decreased right knee active range of motion. Flexion is to approximately 90 degrees. There is full extension with difficulty. Knee flexion is graded as 4+/5 on the right and 5/5 on the left. Sensation is intact from L1 through S2. Gait is antalgic. There is tenderness in the right greater than left lower lumbar facet region and tenderness in the right lumbar paraspinals. Reflexes are 2+ and symmetric. A subsequent recommendation was made for referral for treatment for the performance of lumbar medial branch blocks at L3, L4, and L5. The record contains a utilization review determination dated 07/09/14 in which a request for Norco 10/325 #90, bilateral L3-4, L4-5, L5-S1 medial branch blocks, and referral for treatment were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL L3-4, L4-5, L5-S1 MEDIAL BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**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 Chapter, Facet Injections.

**Decision rationale:** The request for bilateral L3-4, L4-5, L5-S1 medial branch blocks is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic low back pain. He is noted to have tenderness to palpation on examination over the lower lumbar facets. However, no other findings of active facet disease are documented in the clinical record. The record does not contain any imaging studies which identify the presence of degenerative disease of the lower lumbar facets and as such, the injured worker would not meet criteria for the requested procedure.

**REFERRAL FOR TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 p. 127.

**Decision rationale:** The request for referral for treatment is not supported as medically necessary. It would appear, based on the information provided, that the request for referral is premature given the absence of imaging studies or other data to establish the presence of active facet pathology. As such, the medical necessity for referral has not been established.

**NORCO 10/325MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The request for Norco 10/325 mg #90 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a chronic history of low back and right knee pain. The serial records do not indicate that the injured worker has undergone urine drug screening, has a signed pain management contract, or documents benefit from the use of this medication. Given the chronicity of the injured worker's pain, he currently would not meet criteria for continued use due to the lack of documentation.