

<b>Case Number:</b>	CM14-0121949		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/09/2004
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Management and is licensed to practice in Florida. 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 54-year-old female with a reported date of injury on 09/09/2004. Her diagnoses were noted to include chronic pain syndrome, cervical spondylosis, lumbosacral spondylosis, headache, complex regional pain syndrome to the upper extremities, and cervical radiculopathy. Her previous treatments were noted to include injections, medications, and physical therapy. The provider indicated a lumbar MRI performed 07/19/2012 revealed trace anterior listhesis of L4 on L5 secondary to severe posterior facet arthropathy. This was new compared to the previous MRI. Small focal central disc herniation at T11-12 but with mild spinal stenosis was also new compared to the previous exam. The progress note dated 06/12/2014 revealed complaints of increased neck, low back, and left groin pain. The injured worker complained of pain to her heels bilaterally and a burning sensation to the right lateral calf with numbness and tingling. The physical examination revealed right flank tenderness and an antalgic gait. There was restricted lumbar extension to 10 degrees with pain and reduced right side twisting to 45 degrees with pain and left sided twisting to 50 degrees with pain. There was tenderness upon palpation to the midline over L4 and L5 bilaterally. The motor examination was rated 5/5 bilaterally of the lower extremities and normal sensation. The progress note dated 08/06/2014 revealed complaints of low back and neck pain. The injured worker reported neck pain and numbness to her left upper extremity also increased. The physical examination revealed severe decreased range of motion and positive midline tenderness over the L4 and L5 bilaterally. The cervical spine had decreased range of motion and tenderness to the C3 through C5 with trigger points to the bilateral trapezius. There was tenderness to the supraspinatus tendon on the left and biceps tendon on the right. There was motor strength weakness to the left biceps rated 5-/5. The sensory examination noted decreased sensation to the left radial side of the left upper extremity. The request for authorization form dated 06/24/2014 was for physical

therapy times 6 for acute pain. The request for authorization form was not submitted within the medical records for Celebrex 100 mg #60 with 1 refill, Norco 10/325 mg #30 with 1 refill, and lumbar facet medial branch block bilateral L3, L4, and L5 and the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6 Physical Therapy sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for 6 physical therapy sessions is not medically necessary. The injured worker has attended previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 8 weeks. The injured worker has previously completed physical therapy sessions; however, there is lack of documentation regarding current measurable functional deficits, quantifiable objective functional improvements, and number of previous sessions completed. As such, the request is not medically necessary.

#### **Celebrex 100mg#60 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

**Decision rationale:** The request for Celebrex 100mg#60 with 1 refill is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. The guidelines state Celebrex is a non-steroidal anti-inflammatory drug that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. There is a lack of documentation regarding efficacy of this medication and additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Norco 10/325 mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg #30 with 1 refill is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the "4 A's" for ongoing monitoring, including Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behaviors should be addressed. There is lack of documentation of evidence of decreased pain on a numerical scale of the use of medications, improved functional status, side effects, and without details regarding consistent urine drug screens, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**Lumbar facet medial branch block bilateral L3,L4,and L5:** 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), Low Back, Facet joint diagnostic blocks.

**Decision rationale:** The request for a Lumbar facet medial branch block bilateral L3, L4, and L5 is not medically necessary. The injured worker complains of radicular pain to the bilateral lower extremities. 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. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The guideline criteria for the use of diagnostic blocks for facet mediated pain is clinical presentation should be consistent with facet joint pain, signs and symptoms such as tenderness to palpation in the paravertebral areas over the facet region, a normal sensory examination, absence of radicular findings, and a normal straight leg raise exam. The guidelines state 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. The guidelines state the medial branch blocks are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There must be a documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There should be no more than 2 facet joint levels injected at 1 session. Diagnostic facet blocks should not be performed in

patients in whom a surgical procedure is anticipated. The guidelines state diagnostic facet blocks should not be performed in patients who had had a previous fusion procedure at the planned injection level. There is a lack of documentation regarding facet pain and the 06/2014 exam revealed no tenderness to palpation of the facet joints or pain with facet loading. Therefore, due to the lack of facet joint pain pathology, a facet medial branch block is not appropriate at this time. As such, the request is not medically necessary.

### **1 Urine Drug Screen: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 94.

**Decision rationale:** The request for 1 urine drug screen is not medically necessary. The injured worker has been utilizing opioids. The California Chronic Pain Medical Treatment Guidelines recommend drug testing to assess for the use and presence of illegal drugs. The guidelines recommend for those at high risk of abuse to perform frequent random urine toxicology screens. According to the documentation provided, there was a urine drug screen performed 12/2013; however, the details of consistent therapy were not submitted within the medical records. Therefore, due to the lack of documentation regarding the injured worker at high risk or details regarding the previous urine drug screen, a repeat urine drug screen is not appropriate at this time. As such, the request is not medically necessary.