

<b>Case Number:</b>	CM14-0139871		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Louisiana. 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 47 year old male who was injured on 10/25/2012. The mechanism of injury is unknown. Initial consultation report dated 07/22/2014 states the patient presented with complaints of bilaterally neck pain, left worse than right; bilaterally low back pain radiating to the left buttock, bilateral thoracic back pain. The patient describes the symptoms as achy in quality and rates them as 7/10. He reported his pain becomes exacerbated with activity. The patient was taking Relafen, Etodolac, Gabapentin, and Norco. On exam, cervical ranges of motion were restricted by pain in all directions. Cervical extension was 20 degrees, flexion was 40 degrees, lateral rotation was 60 degrees and side bending was 20 degrees. There is tenderness to palpation of the bilateral thoracic paraspinal muscles overlying the T11- L2 facet joints. The patient is diagnosed with bilaterally thoracic facet joint pain at T11-T12, L1-L2; cervical facet joint arthropathy, chronic neck pain and thoracic facet joint arthropathy. He has been recommended for facet joint medial branch blocks at T11, T12, L1-L2 and C4-C5 and C6-C7. The patient was recommended Ultram 50 mg with no refills and random 12-panel urine drug screen to obtain baseline prior to providing the patient with a prescription. Prior utilization review dated 08/21/2014 states the request for Fluoroscopically guided diagnostic bilateral T11-T12 and Bilateral L1-L2 Facet joint medial branch block is denied as it is not supported based on evidence submitted; and Fluoroscopically guided diagnostic left C4-C5 and Left C6-C7 facet joint medial branch block is denied as there is no documented evidence to support the request; and Ultram 50mg #90 is not certified as it is not warranted; and Random 12 panel Urine drug screen is denied as it is not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided diagnostic bilateral T11-T12 and Bilateral L1-L2 Facet joint medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 diagnostic blocks (injections)

**Decision rationale:** CA MTUS guideline is silent regarding the issue. According to the Official Disability Guidelines, Facet joint diagnostic blocks are recommended no more than one set of medial branch diagnostic blocks prior facet neurotomy and limited to patients with low back pain that is non- radicular and at no more than two levels bilaterally. There must also be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS. In this case, the supporting documentation show the patient has been diagnosed with lumbar radiculopathy which do not meet the guidelines recommendation therefore, the request for Fluoroscopically Guided Diagnostic Bilateral T11-T12 and Bilateral L1-L2 Facet Joint Medial Branch Block is not medically necessary.

**Fluoroscopically guided diagnostic left C4-C5 and Left C6-C7 facet joint medial branch block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Facet joint diagnostic blocks

**Decision rationale:** CA MTUS guideline is silent regarding the issue. According to the Official Disability Guidelines, Facet joint diagnostic blocks are recommended no more than one set of medial branch diagnostic blocks prior facet neurotomy and limited to patients that are non- radicular and at no more than two levels bilaterally. There must also be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS. In this case, the supporting documentation is showing signs and symptoms of cervical radiculopathy which do not meet the guidelines recommendation therefore, the request for Fluoroscopically Guided Diagnostic Left C4-C5 and Left C6-C7 Facet Joint Medial Branch Block is not medically necessary.

**Ultram 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guideline, Ultram is considered a synthetic opioid which is indicated for moderate to severe pain and are recommended in the lowest dose possible for the shortest period of time. Continued or long-term use should be based upon the functional improvement and progress of the pain. There is no supporting documentation of any significant progression or functional improvement and has not had any prior adequate relief from opioids. The request for Ultram is not medically necessary.

**Random 12 panel Urine drug screen.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines note that drug testing is recommended for patients on opioid medications and in particular for those at high risk of abuse and should be frequent random testing to help avoid abuse issues. Using a urine drug screen is also an option to assess for the use or the presence of illegal drugs. As the prior determination of Ultram was not medically necessary and there is no supporting documentation for risk of abuse or any other opioids being prescribed, the request for a urine drug screen is not medically necessary.