

<b>Case Number:</b>	CM14-0153546		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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, has a subspecialty in Interventional Spine, 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 54 year old male with an injury date of 04/26/12. Based on the 08/29/14 progress report provided by [REDACTED], the patient complains of low back pain rated 5-7/10 which is getting worse. Pain with medications is rated 1-4/10. Physical examination reveals decreased and painful range of motion, especially on extension. There is tenderness on L4-L5 and L5-S1 bilaterally. Straight leg raise is negative. Patient had his last facet injection September 2013 with greater than 65% relief which lasted for three months. Patient's medications include Norco, Soma and Motrin. Diagnosis 08/29/14- low back pain- lumbar degenerative disease- thoracic back pain- muscle pain- displacement of lumbar intervertebral disc without myelopathy- degeneration of lumbar or lumbosacral intervertebral disc- lumbar facet joint pain- lumbar spondylosis- rotator cuff tear arthropathy of both shoulders- chronic pain. The utilization review determination being challenged is dated 09/15/14. The rationale follows: 1) Bilateral Lumbar facet Steroid Injection L4-5 & L5-S1 under Fluoroscopic Guidance with Conscious Sed: "prior set of blocks done September 2013, and repeating this procedure is not guideline recommended." 2) Soma (Carisoprodol) 350mg #60: "no muscle spasm reported in most recent examination." [REDACTED] is the requesting provider, and he provided treatment reports from 11/08/12 - 08/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar Facet Steroid Injection L4-5 & L5-S1 under Fluoroscopic Guidance with Conscious Sed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of diagnostic blocks for facet "mediated" pain

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

**Decision rationale:** Per the progress report dated 08/29/14, patient had his last facet injection on September 2013 with greater than 65% relief which lasted for three months. Regarding facet injections to the lumbar spine, the Official Disability Guidelines criteria are as follows: "there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Per progress report dated 08/29/14, treater has documented absence of radicular pain and patient has benefited from last procedure, which was performed one year from utilization review date of 09/15/14. The Official Disability Guidelines do not support therapeutic facet injections. If the patient does indeed suffer from facet joint pain, dorsal medial diagnostics followed by RF ablation is recommended. As such, the request is not medically necessary.

**Soma (Carisoprodol) 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The patient's medications include Norco, Soma and Motrin, which bring his pain rating from 5-7/10 down to 1-4/10. The MTUS, Chronic Pain Medication Guidelines state that Carisoprodol (Soma) is not recommended for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. The MTUS recommends requested Soma only for a short period; as such, the request is not medically necessary.