

<b>Case Number:</b>	CM14-0171265		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 56-year-old male who reported injury on 09/23/2013. The mechanism of injury was the injured worker was driving a forklift and the seat was broken and was hitting metal to metal. The documentation further indicates the mechanism of injury included cumulative trauma and repetitive strain due to the seat that was broken on the forklift. The injured worker had an old compression fracture at the T12 vertebra. The diagnostic studies included x-rays and an MRI. Prior treatments included physical therapy, chiropractic treatment, and medications. The injured worker underwent an EMG/nerve conduction study. EMG/nerve conduction study was dated 02/19/2014, which revealed a normal electrodiagnostic study. There was no electrodiagnostic evidence for a right or left lumbosacral radiculopathy, lumbosacral plexopathy, myopathy, peripheral neuropathy, or other distal mononeuropathy affecting lower limbs. The documentation of 05/02/2014 revealed the injured worker's pain level had not changed since the last visit. The injured worker's medications included Zanaflex 4 mg capsules 1 to 2 at bedtime, Norco 10/325 one tablet daily as needed, omeprazole DR 20 mg capsules 1 daily, and/or Orphenadrine ER 100 mg tablets 1 at bedtime. The injured worker had restricted range of motion with flexion limited to 45 degrees and extension limited to 10 degrees. The injured worker had a loss of normal lordosis with straightening of the lumbar spine. On palpation of the paravertebral muscles, there was spasm and tenderness noted bilaterally. The lumbar facet loading test was positive bilaterally. The straight leg raise was positive on the right at 80 degrees. The motor strength of the lower extremities revealed 4/5 in the EHL, ankle Dorsiflexors, planter flexors, and hip flexors on the right. Light touch to sensation was decreased over the L5 and S1 dermatomes on the right. Injured worker had atrophy of the right calf of 3 cm as compared to the left. The diagnoses included lumbar facet syndrome, low back pain, and lumbar radiculopathy. The treatment plan included medial brank block L3, L4, L5, and

S1, and sacral ala bilaterally for the low back pain, and continuation of medications, including Norco 10/325 one by mouth twice a day as needed #60 and Tizanidine 4 mg 1 by mouth twice a day #60. There was no Request for Authorization submitted for review.

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

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

#### **Bilateral medial branch block at L3: 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), Low Back Chapter, Facet Joint Medial Branch Blocks (therapeutic injections), Criteria for the Use of Diagnostic Blocks for Facet "Mediated" Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections), Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool and minimal evidence for treatment. The criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review indicated the injured worker had facet joint pain. However, there was a lack of documentation of a normal sensory examination, and there were radicular findings. As such, this request would not be supported. Additionally, there was a lack of documentation indicating the injured worker had a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was a lack of documentation indicating if the injured worker had a positive response to the injection, a facet neurotomy would be chosen as an option. Given the above, the request for bilateral medial branch block at L3 is not medically necessary.

#### **Bilateral medial branch block at L4: 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), Low Back Chapter, Facet Joint Medial Branch Blocks (therapeutic injections), Criteria for the Use of Diagnostic Blocks for Facet "Mediated" Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks (injections), Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool and minimal evidence for treatment. The criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review indicated the injured worker had facet joint pain. However, there was a lack of documentation of a normal sensory examination, and there were radicular findings. As such, this request would not be supported. Additionally, there was a lack of documentation indicating the injured worker had a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was a lack of documentation indicating if the injured worker had a positive response to the injection, a facet neurotomy would be chosen as an option. Given the above, the request for bilateral medial branch block at L4 is not medically necessary.

**Bilateral medial branch block at L5:** 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), Low Back Chapter, Facet Joint Medial Branch Blocks (therapeutic injections), Criteria for the Use of Diagnostic Blocks for Facet "Mediated" Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Facet joint diagnostic blocks (injections), Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool and minimal evidence for treatment. The criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review indicated the injured worker had facet joint pain. However, there was a lack of documentation of a normal sensory examination, and there were radicular findings. As such, this request would not be supported. Additionally, there was a lack of documentation indicating the injured worker had a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was a lack of documentation indicating if the injured worker had a positive response to the injection, a facet neurotomy would be chosen as an option. Given the above, the request for bilateral medial branch block at L5 is not medically necessary.

#### **Bilateral medial branch block at S1: 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), Low Back Chapter, Facet Joint Medial Branch Blocks (therapeutic injections), Criteria for the Use of Diagnostic Blocks for Facet "Mediated" Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks (injections), Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The

Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool and minimal evidence for treatment. The criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review indicated the injured worker had facet joint pain. However, there was a lack of documentation of a normal sensory examination, and there were radicular findings. As such, this request would not be supported. Additionally, there was a lack of documentation indicating the injured worker had a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was a lack of documentation indicating if the injured worker had a positive response to the injection, a facet neurotomy would be chosen as an option. Given the above, the request for bilateral medial branch block at S1 is not medically necessary.

**Bilateral medial branch block at sacral: 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), Low Back Chapter, Facet Joint Medial Branch Blocks (therapeutic injections), Criteria for the Use of Diagnostic Blocks for Facet "Mediated" Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks (injections), Facet joint medial branch blocks (therapeutic injections)

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool and minimal evidence for treatment. The criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic

medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review indicated the injured worker had facet joint pain. However, there was a lack of documentation of a normal sensory examination, and there were radicular findings. As such, this request would not be supported. Additionally, there was a lack of documentation indicating the injured worker had a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was a lack of documentation indicating if the injured worker had a positive response to the injection, a facet neurotomy would be chosen as an option. Given the above, the request for bilateral medial branch block at sacral is not medically necessary.

**Norco 10/325mg #60:** 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 Medications for Chronic pain; ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment & Utilization Schedule guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease of pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2013. There was a lack of documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325mg #60 is not medically necessary.