

<b>Case Number:</b>	CM14-0174004		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/04/2008
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 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:

According to the records made available for review, this is a 45-year-old male with a 6/4/08 date of injury. At the time (8/21/14) of request for authorization for 1 Consultation: Functional Restoration for multidisciplinary evaluation and 1 MBB right side L4, L5, S1 sacral ala, there is documentation of subjective (low back and left shoulder pain) and objective (restricted lumbar range of motion, positive lumbar facet loading, and decreased sensation over diffuse bilateral upper as well as lower extremity) findings, current diagnoses (bilateral lumbar radiculopathy, left shoulder sprain/strain, and low back pain), and treatment to date (home exercise, physical therapy, and medications (including ongoing treatment with Lyrica and Norco)). Medical report identifies that previous methods of treating chronic pain have been unsuccessful; and that the patient has a significant loss of ability to function independently from pain. Regarding 1 Consultation: Functional Restoration for multidisciplinary evaluation, there is no documentation that there is an absence of other options likely to result in significant clinical improvement; the patient is not a candidate where surgery would clearly be warranted; and the patient exhibits motivation to change. Regarding 1 MBB right side L4, L5, S1 sacral ala, there is no documentation of non-radicular facet mediated pain); low-back pain at no more than two levels bilaterally; no more than 2 joint levels to be injected in one session; and failure of additional conservative treatment (NSAIDs).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Consultation: Functional Restoration for multidisciplinary evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs: Criteria for the general use of m.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of bilateral lumbar radiculopathy, left shoulder sprain/strain, and low back pain. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful; and that the patient has a significant loss of ability to function independently from pain. However, there is no documentation that there is an absence of other options likely to result in significant clinical improvement; the patient is not a candidate where surgery would clearly be warranted; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for 1 Consultation: Functional Restoration for multidisciplinary evaluation is not medically necessary.

**1 MBB right side L4, L5, S1 sacral ala:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guideline, Low Back-Lumbar & Thoracic ; 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, Medial Branch Blocks (MBBs)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of bilateral lumbar radiculopathy, left shoulder sprain/strain, and low back pain. In addition, there is documentation of failure of conservative treatment (home exercise and PT). However, given documentation of subjective (low back pain) and objective (decreased sensation over diffuse bilateral lower extremity) findings, there is no (clear) documentation of non-radicular facet mediated pain). In addition, given documentation of a request for MBB right side L4, L5, S1 sacral ala, there is no

documentation of low-back pain at no more than two levels bilaterally; and no more than 2 joint levels to be injected in one session. Furthermore, there is no documentation of failure of additional conservative treatment (NSAIDs). Therefore, based on guidelines and a review of the evidence, the request for 1 MBB right side L4, L5, S1 sacral ala is not medically necessary.