

<b>Case Number:</b>	CM14-0038583		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/29/2006
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 29, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; trigger point injections; and prior lumbar fusion surgery. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a request for medial branch blocks and also denied a request for Norco. The applicant's attorney subsequently appealed. In a May 11, 2010 medical-legal evaluation, the applicant was given a 48% whole person impairment rating. It was stated that the applicant will be unable to return to his usual and customary work as a truck driver. In a supplemental medical-legal evaluation of October 27, 2013, the medical-legal evaluator continued to recommend epidural steroid injection therapy. In a handwritten note dated December 9, 2013, difficult to follow, not entirely legible, the applicant was described as using Norco and Flexeril for pain relief. 4-5/10 pain was noted. The applicant was status post diagnostic medial branch blocks at L3-S1, it was stated. The attending provider stated that he would ask the applicant to pursue "bilateral L3-S1 medial branch radiofrequency ablation" procedures. Medications were refilled. In another handwritten progress note of January 6, 2014, the applicant was described as having persistent complaints of low back pain. It was stated that the applicant had myofascial pain syndrome and facet loading status post earlier lumbar laminectomy. Trigger point injections and medial branch blocks were sought. Cymbalta and other medications were refilled. The applicant reported heightened pain, 7/10, and was having difficulty sleeping secondary to pain. The applicant also reported a poor mood.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 bilateral medial branch blocks at L3-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, with the medial branch blocks in question representing a subset, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity. The applicant has been given various diagnoses, including facetogenic pain, residual radiculopathy following earlier laminectomy surgery, and myofascial pain syndrome. It is not clear, thus, that the applicant in fact carries a diagnosis of facetogenic pain for which the medial branch blocks in question could be considered. Therefore, the request is not medically necessary both owing to the unfavorable ACOEM recommendation as well as owing to the considerable lack of diagnostic clarity here.

**Prospective request for 1 Prescription for Norco 10/325 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is seemingly off of work. The applicant's pain complaints appear to be heightened, and scored in the 7/10 range, despite ongoing usage of Norco. The applicant is described as limited in terms of performance of several activities of daily living, the attending provider suggested on his handwritten progress notes. Therefore, the request for Norco is not medically necessary.