

<b>Case Number:</b>	CM14-0042489		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/10/2002
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Family Practice, 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 64 year old male who sustained an industrial injury on 12/10/2002. The patient was examined on 2/11/14 at which time he complained of continued pain. It was noted that he has joined a health club. The patient is also said to be suffering from erectile dysfunction and lowered libido. Pain is rated 2/10 with meds. He is taking Colace and Ambien. He complained of constipation, back pain, myalgias, muscle weakness, stiffness, joint complaint and arthralgia. Examination revealed tender facet joints, decreased flexion, decreased extension, and very marked and decreased lateral bending. He is diagnosed with lumbago, low back pain, encounter long-Rx use NEC, and adverse effect MED/BIOL NEC/NOS. He was prescribed Cialis, Oxycodone 15 mg #180, Oxycontin 30 mg #90, Prilosec and Valium. Treatment plan is to continue meds, recommend blood tests to rule out hypogonadism, and MMBs of lumbar spine to rule out facet arthropathy. Utilization review was performed on 3/19/2014 at which time the blood draw and medial branch block were non-certified. Regarding the blood draw, the prior peer reviewer cited ODG and noted that there was no documentation of physical examination on any signs of hypogonadism. The prior peer reviewer also noted it is not clear whether any other previous laboratory work up has been done. In addition, the prior peer reviewer noted it is not clear whether any opioid weaning is planned or not and why the patient requires the ongoing treatment as well. In regards to MMB, the prior peer review noted that there was no indication of specific objective facet mediated pain component. It was also noted it was not clear whether the patient had undergone prior facet blocks. There was also no indication of the patient doing an exercise/rehabilitation program in conjunction with the facet blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Performed blood draw (done on 02/11/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, testosterone replacement/hypogonadism.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines does not address blood draw. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** As noted in the ODG, testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. References state that routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. In this case, while the patient is noted to be complaining of erectile dysfunction and lowered libido, there is no indication of signs such as hypogonadism to support routine testing. In addition, while it is acknowledged that long term opioid use can lead to hormonal imbalance in men, the medical records do not establish whether ongoing opioid therapy is indicated and whether weaning is being planned for this patient. Given these reason, the blood draw would not have been medically necessary.

**Bilateral lumbar medial branch block L3 to S1, with CPT codes 36415 and 64493: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines do not address facet joint pain, signs and symptoms of facet joint pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back Chapter, Facet joint pain, signs & symptoms, Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** Bilateral lumbar medial branch block L3 to S1 is not medically necessary and supported for this patient. According to ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. In addition, the medical records do not establish physical examination findings of facet mediated pain. As noted in ODG, In 1998, Revel et al. suggested that the presence of the following were helpful in identifying patients with this condition: (1) age > 65; (2) pain relieved when supine; (3) no increase in pain with coughing, hyperextension, forward flexion, rising from flexion or extension/rotation. (Revel, 1998) Recent research has corroborated that pain on extension and/or rotation (facet loading) is a predictor of poor results from neurotomy. (Cohen2, 2007). Given the lack of support by the guidelines and lack of corroborative physical exam findings, this request is not medically necessary.

