

<b>Case Number:</b>	CM14-0043341		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/06/2003
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 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 injured worker is a 61-year-old male who reported an injury on 12/06/2003. The mechanism of injury was not provided with the documentation. The injured worker's prior treatments were noted to be physical therapy and medications. The injured worker's diagnosis was noted to be thoracic lumbar neuritis/radiculitis. The injured worker had a clinical evaluation on 01/15/2014. The injured worker's complaints were pain located in the lower back area described as constant, intermittent, sharp, dull, shooting, electrical, hot, throbbing, knife like, and aching with tingling and numbness. The injured worker described his average pain a 4/10 to 5/10 based on a 0 to 10 scale. The physical evaluation showed thoracic spine right side tenderness with paraspinous muscle spasms. There was decreased lumbar range of motion secondary to pain. The lumbar spine presented with tenderness and paraspinous spasms. There were positive lumbar spine bilateral facet loading signs. Bilateral lower extremities motor strength was 5/5. The injured worker complained of numbness and tingling sensations in the bilateral lower extremities. The injured worker had positive bilateral seated straight leg raise test at 40 degrees with the right being worse than the left. The treatment plan included authorization for a lumbar transforaminal epidural steroid injection, a scheduled physical therapy and treatment, and medication refills. Refills included MS Contin, Percocet, and gabapentin. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two bilateral thoracic medial branch blocks at 2,3,4,5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181, 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks.

**Decision rationale:** The California MTUS/American College of Occupational and Environmental Medicine states facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for use of diagnostic blocks for facet-mediated pain include blocks will be limited to patients with low back pain that is nonradicular and no more than 2 levels bilaterally; there must 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. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. The injured worker's clinical evaluation submitted for review dated 01/15/2014 indicates complaints of low back pain with radicular symptoms. The clinical evaluation fails to support a failed conservative care plan. The request is for 4 nerve levels. This is in excess of the 3 nerve levels supported by the Guidelines. Therefore, the request for two bilateral thoracic medial branch blocks at 2, 3, 4, 5 is not medically necessary and appropriate.

**Two bilateral lumbar medial branch blocks at 2,3,4,5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 174, 181, 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks.

**Decision rationale:** The California MTUS/American College of Occupational and Environmental Medicine states facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for use of diagnostic blocks for facet-mediated pain include blocks will be limited to patients with low back pain that is nonradicular and no more than 2 levels bilaterally; there must 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. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. The injured

worker's clinical evaluation submitted for review dated 01/15/2014 indicates complaints of low back pain with radicular symptoms. The clinical evaluation fails to support a failed conservative care plan. The request is for 4 nerve levels. This is in excess of the 3 nerve levels supported by the Guidelines. Therefore, the request for two bilateral lumbar medial branch blocks at 2, 3, 4, 5 is not medically necessary and appropriate.

**Percocet 10/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical evaluation on 01/15/2014 fails to provide an adequate pain assessment. There is no documentation regarding the efficacy of Percocet, there is no documentation regarding side effects or a urine drug screen. It is not noted that the ongoing use of Percocet is providing any increased level of function or improved quality of life. In addition, the request for Percocet fails to provide a frequency. Therefore, the request for Percocet 10/325 mg #120 is not medically necessary and appropriate.