

<b>Case Number:</b>	CM14-0047783		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old male who reported an injury on 04/08/2013. The mechanism of injury was not provided with the documentation. Treatments included muscle relaxers, pain medication, chiropractic care, and physical therapy. The injured worker's diagnosis was lumbago. The Primary Treating Physician's Progress Report dated 03/03/2014 noted complaints of low back pain rated a 6/10. The objective findings indicated pain with lumbar spine flexion and extension; tenderness over lumbar facets. There was increased pain with facet loading. The treatment plan was for a diagnostic medial branch block at L3-4, L4-5, and L5-S1. The provider's rationale was partially submitted with the documentation provided. 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:

**Laboratory studies complete blood count and comprehensive metabolic panel.:** 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend periodic lab monitoring of a complete blood count and chem profile (including liver and renal function test). There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. The clinical information submitted for review does not indicate the injured worker using NSAIDs. It is not noted within the documentation when the last lab test was performed, or the results. The guidelines recommend measuring liver function tests within the first 4 to 8 weeks after starting medication therapy. It was not indicated within the documentation provided that the injured worker is now on a new medication requiring a complete blood count. Therefore, the request for laboratory studies, complete blood count, and comprehensive metabolic panel is not medically necessary.

**Diagnostic medial branch blocks L3-L4, L4-L5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, facet joint diagnostic blocks (injections) section.

**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 medial branch blocks.

**Decision rationale:** The California MTUS/American College of Occupational and Environmental Medicine state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend diagnostic blocks with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for use of diagnostic blocks for facet-mediated pain include: blocks limited to patients with low back pain that is non-radicular and at 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. The documentation should include a future plan for a rhizotomy/neurotomy to follow. The clinical evaluation submitted for review dated 03/03/2014 does not provide indicators of pain related to facet joint pathology. In addition, the provider's request indicates 3 joint levels, which exceeds the guidelines' recommendation for 2 levels. Therefore, the request for diagnostic medial branch blocks, L3-4, L4-5, and L5-S1 is not medically necessary.