

<b>Case Number:</b>	CM14-0071677		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/28/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 26-year-old female who reported an injury on 03/28/2008 due to a fall. The injured worker was diagnosed with a history of multilevel transverse fractures on the left, lumbar radicular syndrome, lumbosacral spondylosis without myelopathy, lumbago, sacroiliitis NOS, and chronic pain due to trauma. Prior treatments included physical therapy, acupuncture, and chiropractic care. The injured worker reported the conservative care measures had failed. An MRI of the lumbar spine was performed on 03/29/2008 which revealed a fracture at T12 and the MRI also noted fractures of the left transverse processes of L1 to L4. The injured worker saw her physician on a final visit on 05/15/2014. The injured worker stated she experienced increased lower back pain, left greater than right, and increasing pain and tingling type down to the left leg. The physician noted her pain syndrome included the left buttock and hip. The pain was worse in the back than in the leg. She stated that the leg pain did not pass the ankle. The pain was worse with sitting, leaning forward, arching backward, coughing, sneezing, and lying down and it was improved with medications and heat. The injured worker noted that her pain usually remained at 4/10; however, she reported her pain was rated 10/10 at worst. The injured worker stated that the pain inhibited her sleeping at night. The physician noted thickening in the soft tissues of the paraspinous muscles on the left in the lower lumbar area, and indicated there was tenderness to this area as well. The injured worker had no loss of range of motion. The injured worker had a positive straight leg raise on the left and right straight leg raise was normal. The injured worker reported a tingling type sensation down the back to the left leg. On 07/24/2014, a diagnostic medial branch block was performed at levels L3, L4, and L5. The injured worker's prescribed medication regimen included ibuprofen and tramadol HCL to manage pain. The physician was requesting a prescription of tramadol HCL 90 tablets with 1

refill and a medial branch block at L3-4 and L4-5 to assist with level of pain. The Request for Authorization form was signed on 05/15/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription for Tramadol Hcl 50mg #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, criteria for use; Weaning of medications.

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

**Decision rationale:** The California MTUS guidelines recommend ongoing review with documentation of 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 guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The physician has not provided documentation of urine drug screens. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. An adequate and complete pain assessment is not provided within the medical records. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

#### **1 medial branch block at left L3-L4-L5 under fluoroscopic guidance: 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 Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic), Facet joint pain signs and symptoms.

**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 Injections.

**Decision rationale:** The California MTUS/ACOEM Guidelines state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines for facet joint injections recommend 1 set of medial branch blocks for diagnostic purposes prior to a neurotomy. The guidelines note medial branch blocks are limited to patients with low-back pain that is non-

radicular and at no more than two levels bilaterally. There is no documentation of failure of conservative treatment (including home exercise, physical therapy (PT) and non-steroidal anti-inflammatory drugs (NSAIDs)) prior to the procedure for at least 4-6 weeks. Within the documentation the provider noted the injured worker had a positive straight leg raise. The requesting physician did not provide adequate documentation of a negative neurologic exam. There is a lack of documentation of objective findings indicating facetogenic pain. The requesting physician did not indicate the injection would be performed prior to a neurotomy. Additionally, it is noted the injured worker received a medial branch block in 07/2014. The guidelines recommend only 1 medial branch block performed prior to a neurotomy. As such, this request is not medically necessary.