

<b>Case Number:</b>	CM14-0073172		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/23/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 56 year old male who reported an injury to his low back on 10/23/11. The utilization review dated 01/28/14 indicates the injured worker having been approved for the use of Norco. The follow up note dated 01/27/14 indicates the injured worker having been diagnosed with Von Willebrand's disease which is a blood clotting disorder. The clinical note dated 02/06/14 indicates the injured worker complaining of right elbow and low back pain. The injured worker stated that lifting and twisting exacerbated his pain. The note indicates the injured worker utilizing Norco and Zanaflex to address the low back complaints. The clinical note dated 03/05/14 indicates the injured worker rating the pain as 8-10/10. The note indicates the injured worker continuing with the use of Norco for pain relief. Upon exam, tenderness was identified at the T6 and T7 levels. Sensation deficits were identified at the T6 distribution bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Medial Branch Block at L1-L2 and L2-L3 under fluoroscopic guidance with anesthesia and radiology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines Facet Joint injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** According to the clinical note dated 04/16/14, the injured worker has previously undergone facet injections at T11-12, T12-L1, L1-2, and L2-3. No information was submitted regarding the injured worker's response to these injections. Therefore, it is unclear for the reason regarding additional medial branch blocks at the selected levels. Therefore, this request is not indicated as medically necessary.

**Bilateral Medial Branch Block at T-11-T12 and T12-L1 under fluoroscopic guidance with anesthesia and radiology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines Facet Joint injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** According to the clinical note dated 04/16/14, the injured worker has previously undergone facet injections at T11-12, T12-L1, L1-2, and L2-3. No information was submitted regarding the injured worker's response to these injections. Therefore, it is unclear for the reason regarding additional medial branch blocks at the selected levels. Therefore, this request is not indicated as medically necessary.

**Norco 10/325 mg Quantity 240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.