

<b>Case Number:</b>	CM14-0081735		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/01/1978
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 an 83-year-old male who reported injury on 05/01/1978, caused by an unspecified mechanism. The injured worker's treatment history included labs, medications and medial branch nerve radiofrequency. The injured worker was evaluated on 05/12/2014 and it was documented the injured worker complained of moderate to severe back pain. It was noted the pain radiated to the left ankle, right ankle, left arm, right arm, left calf, right calf, left foot, right foot, left thigh and right thigh. The injured worker described the pain as an ache, burning, deep, numbness and sharp. It is aggravated by ascending stairs, bending, changing positions, coughing, daily activities, defecation. The provider noted the symptoms are alleviated by lying down, injection, pain medications and rest. Pain with medication was 5/10 and without medications the injured worker reports struggles, but fulfills daily home responsibilities. Physical examination revealed tenderness to palpation of the paraspinal, lumbar, PSIS, sacrum, SI joint, decreased lumbar range of motion, normal bilateral lower extremity strength and increased facet pain, positive with loading maneuvers over the left L2-3 through L4-5. The provider noted the injured worker's experienced 90% pain relief for 8 months and increased range of motion following left L2, L3, L4 and L5 medial branch nerve blocks. The diagnoses included chronic pain, degenerative disc disease, lumbar, arthropathy, osteoarthritis, sacroiliitis, failed back syndrome, radiculopathy thoracic, or lumbosacral, pain, and hip. Medications included Hydrocodone/Acetaminophen, Tramadol HCL, Pennsaid, multivitamins, aspirin, Nuvigil, Resveratrol, Cymbalta, cranberry, Levoxyl, AndroGel and lisinopril. Within the documentation that was submitted the injured worker had labs on 05/12/2014 and 05/28/2014. The Request for Authorization date is 05/13/2014 was for labs that included GGT, testosterone; tramadol, acetaminophen; and repeat radiofrequency lumbar medial nerve block, left L3, L4-5

with IV sedation. The rationale for the radiofrequency lumbar medial nerve block was to relieve the injured worker's pain and the rationale for the labs was for medication compliance.

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

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

**Lab: GGT: 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 On- going Management. Drug Screen Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General.

**Decision rationale:** The request is not medically necessary. According to the Official Disability Guidelines (ODG) recommends testing in general. Additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. The documents submitted indicated the injured labs on 05/12/2014 and 05/28/2014, the provider failed to indicate why the injured worker needs additional labs. In addition, the documentation submitted failed to indicate the rationale why this lab is required for the injured worker. The provider failed to provide outcome measurements of conservative care for the injured worker. Given the above, the request for lab GGT is not medically necessary.

**Lab: Testosterone, Total (LC-MS-MS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General.

**Decision rationale:** The requested is not medically necessary. According to the Official Disability Guidelines (ODG) recommends testing, general. Additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination

findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. The documents submitted indicated the injured labs on 05/12/2014 and 05/28/2014, the provider failed to indicate why the injured worker needs additional labs. In addition, the documentation submitted failed to indicate the rationale why this lab is required for the injured worker. The provider failed to provide outcome measurements of conservative care for the injured worker. Given the above, the request for lab testosterone, total (LC-MS-MS) is not medically necessary.

**Lab: Tramadol (Ultram conf. by GCMS, SR): 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 Drug Testing Page(s): 43.

**Decision rationale:** The request is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There was no objective evidence the injured worker has abused substance of opioids to indicate the rationale of requesting a urine toxicology screen. The documents submitted indicated the injured labs on 05/12/2014 and 05/28/2014, the provider failed to indicate why the injured worker needs additional labs. In addition, the documentation submitted failed to indicate the rationale why this lab is required for the injured worker. The provider failed to provide outcome measurements of conservative care for the injured worker. Given the above, the request for lab Tramadol (Ultram confirmation by GGCMS, SR. is not medically necessary.

**Lab: Acetaminophen: 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 Drug Testing Page(s): 43.

**Decision rationale:** The request for the urine toxicology screen for prescription drug management is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. The documents submitted indicated the injured labs on 05/12/2014 and 05/28/2014, the provider failed to indicate why the injured worker needs additional labs. In addition, the documentation submitted failed to indicate the rationale why this lab is required for the injured worker. The provider failed to provide outcome measurements of conservative care for the injured worker. Given the above, the request for lab Acetaminophen is not medically necessary.

**Repeat Radiofrequency Lumbar Medial Nerve Block Left L3, L4, L5 with IV Sedation:**  
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, Low Back; Official Disability Guidelines, Criteris for use of diagnostic blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The requested repeat radiofrequency lumbar medial nerve block left L3, L4, and L5 with IV sedation is not medically necessary. The CA MTUS/ACEOM states that there is a quality medical literature demonstrating that radiofrequency neurology of the facet joint nerves in the cervical spine provides good temporary relief pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The injured worker has complained of low back pain that was constant aching, with occasional sharp stabbing pains, aggravated by static positioning and alleviated by changing positions. The provider documented the injured worker had undergone facet injections on 03/27/2013 which decreased the injured worker's pain by 90% for 8 months, however, the documentation submitted lacked outcome measurements of conservative care; and there were no long-term functional goals noted for the injured worker. Given the above, the request is not medically necessary.