

<b>Case Number:</b>	CM14-0098248		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	09/30/1998
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Occupational Medicine 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 54-year-old female who sustained work-related injuries on September 30, 1998. Per June 11, 2014 records, the injured worker reported ongoing exacerbation of upper axial low back pain limiting her activities of daily living and walking. Pain has not responded to conservative treatment. She reported going to the emergency room and received an injection which provided her temporary relief. She reported that over the past three months, her pain has gradually increased across the lower back radiating into the anterior thighs. She rated her pain as 7/10. Physical examination noted tenderness over the facets with increased pain on extension. Range of motion was limited in all planes. Spasms were noted over the bilateral lumbar spine area. Strength was decreased in the right lower extremity. Per July 3, 2014 records, the injured worker reporting ongoing exacerbation of upper axial low back pain limited her activities of daily living and walking. It has not responded to conservative treatments and over the past four months, has had gradually increased pain across lower back radiating into the anterior thighs, right side greater than left. She stated increased pain in the right hip, buttock down, the leg, worse at night and caused her sleep difficulties. She also has constant numbness in the left foot and has been less able to do activities of daily living and home exercise program due to injection denials. She rated her pain as 7/10. On examination, tenderness was noted over the L2-L3 area. Tenderness was also noted over the facets with increased pain with extension. Range of motion was limited. Sensation was decreased in the right L5 and decreased in the left S1. Sensation was also decreased in the bilateral lower extremities. Bilateral ankle reflexes were 1+. Per the most recent office visit dated September 4, 2014, the injured worker complained of lumbar pain and bilateral sciatica, right side greater than left. She described her pain as constant, sharp, dull/aching, throbbing, pins and needles sensation, stabbing, electrical/shooting and with spasm. She rated her pain as 3/10. On examination, tenderness was noted over the facets with increased

pain on extension. Spasms were noted in the bilateral side of the lumbar spine. She is diagnosed with lumbar radiculopathy, right; facet arthropathy, lumbar; degenerated disc disease, lumbar; and sprain/strain, lumbosacral.

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

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

#### **Lumbar medial branch block at L1-L2, L2-L3 times two (2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Facet Joint Diagnostic Blocks (Injections)

**Decision rationale:** According to evidence-based guidelines, one of the main criterion for the use of medial branch block is that this procedure is limited to injured workers with low back pain that is non-radicular and at no more than two levels. In this case, the diagnoses of this injured worker include lumbar radiculopathy and radiculopathy has been evident in the provided records which would radiate down to the anterior thigh. With this information, the clinical presentation of the injured worker does not satisfy the criteria for medial branch block. Since the injured worker does not meet the criteria for medial branch blocks then a repeat medial branch block is also not warranted. Therefore, this request is not medically necessary.

#### **Anesthesia times two (2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Facet Joint Diagnostic Blocks (Injections)

**Decision rationale:** As discussed, the clinical presentation of the injured worker does not satisfy or meet the criteria for medial branch blocks. Therefore, this request is not medically necessary.

#### **Fluoroscopic guidance times two (2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Facet Joint Diagnostic Blocks (Injections)

**Decision rationale:** As discussed, the clinical presentation of the injured worker does not satisfy or meet the criteria for medial branch blocks. Therefore, this request is not medically necessary.

**Radiology times two (2):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Facet Joint Diagnostic Blocks (Injections)

**Decision rationale:** As discussed, the clinical presentation of the injured worker does not satisfy or meet the criteria for medial branch blocks. Therefore, this request is not medically necessary.

**Fentanyl 25mcg patch #15:** 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): 76-80.

**Decision rationale:** Chronic opioid usage is generally not recommended by evidence-based guidelines; however, if opioids are to be used in the chronic term a criteria for ongoing management of pain with opioid needs to be met. It includes ongoing documentation of the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors), use of drug screens, and documentation of significant improvement in pain levels and functional activities. In this case, the injured worker's records indicate that she has been using Fentanyl in the chronic phase and has been subjected to under urine drug screening. However, results of urine drug screening were not found. Also, there is no indication of significant functional improvements with regard to the chronic usage of opioids. Therefore, this request is not medically necessary.

**Norco 10/325mg # 120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**Decision rationale:** Based on the records provided, it is evident that the injured worker is experiencing an exacerbation of her pain and its associated symptoms. Evidence-based guidelines indicate that short-acting opioids including Norco are indicated to treatment

breakthrough or flare-up of pain. Therefore, the requested Norco 10/325 mg #120 is medically necessary.

**Valium 5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Valium is classified under benzodiazepine and evidence-based guidelines indicate that this medication is not recommended for long-term because long-term efficacy is unproven and there is risk of dependence. Based on the records received, the injured worker has been utilizing this medication in the long-term which is against the recommendation of evidence-based guidelines. Therefore, this request is not medically necessary.