

<b>Case Number:</b>	CM14-0201014		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/10/1998
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 underlying date of injury in this case is 11/10/1998. The date of the utilization review under appeal is 10/31/2014. The patient's diagnosis is lumbar post-laminectomy syndrome. On 10/16/2014, the patient was seen in pain management followup. At that time the patient presented with low back pain radiating to both buttocks and to the back of both thighs. The pain was noted to be constant, burning, dull, and aching and worse with activity or movement. Medications included tramadol, fenoprofen, Methoderm ointment, Advair, benazepril, cholecalciferol, diazepam, diclofenac, fexofenadine, hydrochlorothiazide, Norco, omega, and simvastatin. The treating physician diagnosed the patient with a lumbar laminectomy syndrome, lumbar facet arthropathy, as well as myofascial pain syndrome. On exam the patient had significant tenderness over the facets at L4 through S1 bilaterally. Additionally, the patient had tenderness and trigger points with a twitch response to palpation in the lumbar spine. The patient was thus treated with trigger point injections. Additionally, the patient was provided prescriptions for fenoprofen and Methoderm. Diagnostic medial branch blocks were recommended as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Lumbar Medial Branch Block Left L2, L3, L4 with Fluoroscopic Guidance:**  
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 (Lumbar & Thoracic) (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back

**Decision rationale:** ACOEM guidelines, Chapter 12, low back, page 300, states that invasive techniques to the lumbar spine, including local injections, are of questionable merit. For this reason, this request is not medically necessary. Moreover, Official Disability Guidelines, Treatment in Workers Compensation, low back chapter discusses indications for diagnosing facet mediated pain in greater detail. This guideline does support medial branch blocks in some situations but recommends such treatment only for patients with non-radicular pain; this patient has multifactorial pain, including radicular symptoms, as part of the patient's chief complaint. Therefore, the records do not support the diagnosis of probable facet mediated pain. This request is not medically necessary.

**Diagnostic Lumbar Medial Branch Block Right L2, L3, L4 with Fluoroscopic Guidance:**  
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 (Lumbar & Thoracic) (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back

**Decision rationale:** ACOEM guidelines, Chapter 12, low back, page 300, states that invasive techniques to the lumbar spine, including local injections, are of questionable merit. For this reason, this request is not medically necessary. Moreover, Official Disability Guidelines, Treatment in Workers Compensation, low back chapter discusses indications for diagnosing facet mediated pain in greater detail. This guideline does support medial branch blocks in some situations but recommends such treatment only for patients with non-radicular pain; this patient has multifactorial pain, including radicular symptoms, as part of the patient's chief complaint. Therefore, the records do not support the diagnosis of probable facet mediated pain. This request is not medically necessary.

**Fenoprofen Calcium 400mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications recommends the lowest possible dose to avoid side effects. In this case the medical records indicate that the patient has simultaneously been prescribed both the NSAID Fenoprofen and the NSAID Diclofenac. The rationale for two simultaneous oral anti-inflammatory medications is not apparent and would not be supported by the treatment guidelines. Therefore, this request is not medically necessary.

**Menthoderm #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, recommends that topical agents are largely experimental in use and the use of these agents requires knowledge of the specific analgesic effect of the agent and how it will be useful for a specific therapeutic goal. The medical records contain very limited detail to support a rationale for Menthoderm in this situation. This request is not medically necessary.