

<b>Case Number:</b>	CM14-0207110		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 patient has chronic neck, back and leg pain. MRI the lumbar spine from November 2012 shows mild stenosis at L2-3 and L3-4 with disc bulges. There is facet arthropathy at L4-5 and L5-S1. The patient takes multiple medications for pain. On physical examination the patient has reduced range of neck and back range of motion. There is tenderness palpation of the neck and back. There is no documentation of radiculopathy or abnormal neurologic findings. At issue is whether facet injections and Cymbalta are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Medial Branch Block (MBB) at L3, 4, 5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Pain Chapter

**Decision rationale:** This patient does not meet the guideline criteria for multiple medial branch blocks. Specifically, there is no documentation a recent trial and failure conservative measures to include physical therapy for chronic low back pain. There is no documentation of specific

tenderness to all 3 facet joint regions. Guideline criteria for medial branch block are not met. Medial branch block treatment is not medically necessary for this patient's chronic low back pain. Therefore, this request is not medically necessary.

**Cymbalta 30MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, under Antidepressant

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta, portion of Chapter on SSRI Medication.

**Decision rationale:** According to the MTUS guidelines, this medication is indicated for major depressive disorder. It is not recommended for mild symptoms of depression and chronic pain. MTUS guidelines do not support the use of this medication for chronic low back pain. MTUS guidelines also do not support the use of this medication for chronic neck pain. Therefore, this request is not medically necessary.