

<b>Case Number:</b>	CM15-0008073		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40-year-old male who reported an injury on 02/20/2014. The injured worker noted a gradual onset of low back pain after wearing a 20 pound belt and a 3 pound vest. The current diagnoses include pars fracture at L5 and lumbar facet syndrome at L4-S1. The injured worker presented on 12/16/2014 with complaints of low back and lower extremity pain. The injured worker has been previously treated with physical therapy, chiropractic treatment, acupuncture, and medication management. The current medication regimen included gabapentin 400 mg, Norflex, and Ambien. Upon examination, there was 35 degrees flexion, 10 degrees extension, 15 degrees right and left lateral bending, 5/5 motor strength, and hyporeflexive patellar and Achilles deep tendon reflexes. Recommendations at that time included continuation of the current medication regimen, medial branch blocks at the bilateral L4-S1 levels, and an orthopedic consultation to evaluate the left hip. A Request for Authorization form was then submitted on 12/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Branch Blocks Bilateral L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when the clinical presentation is consistent with facet joint pain, signs and symptoms. In this case, it is noted that the injured worker has exhausted conservative treatment. There is also documentation of positive facet provocation testing; however, there are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. In the absence of such documentation, the medical necessity for a 2 level medial branch block for the lumbar spine has not been established in this case. Given the above, the request is not medically appropriate.

**Orthopaedic Consultation for left hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no documentation of a comprehensive physical examination of the left hip. There is also no documentation of a recent attempt at any conservative treatment for the left hip prior to the request for a specialty referral. Given the above, the medical necessity has not been established. As such, the request is not medically appropriate in this case.

**Gabapentin 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** California MTUS Guidelines state gabapentin is recommended as a first line treatment for neuropathic pain. According to the documentation provided, the injured worker has continuously utilized the above medication for an unknown duration. There is no

documentation of objective functional improvement. There was also no frequency listed in the request. As such, the request is not medically appropriate.