

<b>Case Number:</b>	CM15-0100791		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	07/11/2002
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old female injured worker suffered an industrial injury on 07/11/2002. The diagnoses included lumbar fusion. The diagnostics included lumbar magnetic resonance imaging, electromyographic studies and computerized tomography of the lumbar spine. The injured worker had been treated with spinal surgery, medications, and spinal cord stimulator. On 5/8/2015 the treating provider reported chronic lower back pain with right lower extremity symptoms. The injured worker continued to receive benefit from the transforaminal lumbar epidural steroid injections from 3/31/2015 as relief from the leg and hip pain. She is bothered by the increasing axial pain in the lower back rated as 8/10. On exam there was spasms and guarding of the lumbar spine. The treatment plan included 3 Bilateral Lumbar Facet Joint Injections, IV Sedation and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Bilateral Lumbar Facet Joint Injections L3 Additional Levels: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**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), Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant sustained a work injury in July 2002 and continues to be treated for increasing low back pain. When seen, pain was rated at 8/10 and had increased from a baseline of 3/10. Physical examination findings included normal spinal range of motion. There were guarding and muscle spasms. There was pain with axial loading of the lumbar facet joints. There was a normal neurological examination. Prior treatments had included a lumbar fusion from L4-S1. Authorization for lumbar medial branch blocks was requested. The number submitted CPT codes would be consistent with treatment at five levels. Lyrica was refilled at a total dose of 300 mg per day. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone prior conservative treatment. However authorization for more than two levels bilaterally is being requested which is not consistent with the guideline recommendation. The request for the procedure is not considered medically necessary.

**IV Sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**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), Diagnostic facet joint blocks (injections).

**Decision rationale:** The claimant sustained a work injury in July 2002 and continues to be treated for increasing low back pain. When seen, pain was rated at 8/10 and had increased from a baseline of 3/10. Physical examination findings included normal spinal range of motion. There were guarding and muscle spasms. There was pain with axial loading of the lumbar facet joints. There was a normal neurological examination. Prior treatments had included a lumbar fusion from L4-S1. Authorization for lumbar medial branch blocks was requested. The number submitted CPT codes would be consistent with treatment at five levels. Lyrica was refilled at a total dose of 300 mg per day. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone prior conservative treatment. However authorization for more than two levels bilaterally is being requested which is not consistent with the guideline recommendation. The requests for the procedure as well as for moderate sedation are not considered medically necessary.

**Lyrica 100 MG #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), (2) Medications for chronic pain Page(s): 18-19, 60.

**Decision rationale:** The claimant sustained a work injury in July 2002 and continues to be treated for increasing low back pain. When seen, pain was rated at 8/10 and had increased from a baseline of 3/10. Physical examination findings included normal spinal range of motion. There were guarding and muscle spasms. There was pain with axial loading of the lumbar facet joints. There was a normal neurological examination. Prior treatments had included a lumbar fusion from L4-S1. Authorization for lumbar medial branch blocks was requested. The number submitted CPT codes would be consistent with treatment at five levels. Lyrica was refilled at a total dose of 300 mg per day. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the requested dosing is consistent with guideline recommendations and therefore medically necessary.