

<b>Case Number:</b>	CM15-0195897		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Maryland

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

### 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 47 year old, female who sustained a work related injury on 1-29-10. A review of the medical records shows she is being treated for lower back pain. Treatments have included physical therapy, medications, lumbar epidural steroid injections and left facet blocks at L4-5 and L5-S1-with benefit of short duration. The provider states with the radiofrequency ablation at left L4-5 level were completed "resolving her left sided lower back pain for approximately four months. She was able to completely wean from medication and to continue to work full time." No documentation in medical records regarding how effective the physical therapy or medications helped to relieve her pain or how they improved her functional capabilities. Current medications include Norco, Soma and Flector patches. In the progress notes, she reports lower back pain. She rates this pain a 4 out of 10 with medications and a 9 out of 10 without medications. She also reports mid back, bilateral knee, bilateral leg and bilateral foot pain. In the objective findings dated 6-26-10, she has tenderness overlying the facets at approximately L4-S1. She has mildly decreased sensation over the left L4 and S1 dermatome distribution. She has decreased range of motion in lumbar spine. She has positive facet loading. She has no report or there are no physical findings to support she is experiencing muscle spasms. She is working full-time with restrictions. The treatment plan includes requests for authorization for a pain management consultation pre-procedure and diagnostic facet blocks at L4-S1 bilaterally and refills of Norco and Soma. In the Utilization Review dated 9-10-15, the requested treatments of Soma 350mg #60 and a pain management consultation and diagnostic facet blocks at L4-S1 bilaterally are not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 pain management consultation and diagnostic facet blocks at L4-S1 bilaterally: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain disorder medical treatment guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic pain disorder; Section: Therapeutic procedures, Non-operative) 7/27/2007, pg 56 Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Facet joint diagnostic blocks (Injections).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- Facet joint diagnostic blocks (injections).

**Decision rationale:** 1 pain management consultation and diagnostic facet blocks at L4-S1 bilaterally is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and no more than 2 levels. The ODG states that facet joint diagnostic blocks (injections) should have no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The documentation indicates that the patient has had a left lumbar neurotomy at L4-S1 in 2012. The request therefore for this facet block is not indicated on the left side. Additionally, the patient has decreased sensation on the left leg and complaints of bilateral leg and foot pain. It is not clear that the patient's symptoms are not radicular and this injection is not indicated for radicular pain. Therefore, the request for 1 pain management consultation and diagnostic facet blocks at L4-S1 bilaterally is not medically necessary.

### **Soma 350mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** Soma 350mg #60 is not medically necessary per the MTUS Guidelines. The MTUS recommends against using Soma and state that it is not for long term use. The MTUS states that abuse has been noted for sedative and relaxant effects of Soma. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term, which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma is not medically necessary.