

<b>Case Number:</b>	CM15-0195899		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/18/2015
<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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old female sustained an industrial injury on 2-21-13. Documentation indicated that the injured worker was receiving treatment for lumbago with radiculitis and knee arthralgia. Previous treatment included physical therapy, right knee injections, trigger point injections and medications. In an initial orthopedic evaluation dated 4-8-15, the injured worker complained of low back pain with radiation into the buttocks and lower extremities and bilateral knee pain with swelling. Physical exam was remarkable for with tenderness to palpation at L4-5, range of motion: flexion 70 degrees with pain, extension 20 degrees, bilateral lateral bend 30 degrees and bilateral rotation 20 degrees, with 5 out of 5 bilateral lower extremity strength and normal sensation, absent right Achilles tendon reflex and positive right straight leg raise. The injured worker walked with a normal gait. The physician documented that magnetic resonance imaging lumbar spine (9-5-14) showed L4-5 disc desiccation and disc bulge, moderate facet hypertrophy and bilateral neuroforaminal narrowing. The physician recommended physical therapy, selective nerve root epidural injection at bilateral L4-5, lumbar magnetic resonance imaging and medications (Diclofenac, Protonix and Fexmid). In a reevaluation dated 9-11-15, the injured worker complained of lumbar spine pain, rated 5 out of 10 on the visual analog scale, with radiation through the right leg associated with right foot numbness. The injured worker had undergone a course of physical therapy. The injured worker reported that prolonged walking and sitting aggravated the pain. Physical exam was remarkable for lumbar spine with tenderness to palpation at bilateral L4-5, range of motion: flexion 90 degrees with pain, extension 20 degrees, bilateral lateral bend 30 degrees and bilateral rotation 20 degrees and 5 out of 5 lower extremity

strength with intact sensation. The injured worker walked with a normal gait but could not toe walk secondary to pain. The physician documented that x-rays of the lumbar spine 9-8-15 showed mild anterolisthesis at L4-5 with instability on flexion with 6mm listhesis and 2mm on extension. Requests for epidural steroid injections had been denied. The treatment plan included requesting authorization for bilateral facet injection at L4-5 with fluoroscopy and sedation and medications (Fexmid, Protonix and Diclofenac). On 9-18-15, Utilization Review noncertified a request for bilateral facet injection at L4-5 with fluoroscopy and sedation and Fexmid 7.5mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral Facet Injection At L4/5 With Fluoroscopy And Sedation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG , Low Back Chapter, Facet Joint Diagnostic Blocks.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections) and Other Medical Treatment Guidelines MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

**Decision rationale:** ACOEM Guidelines state "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." MTUS is silent specifically with regards to facet injections, but does refer to epidural steroid injections. ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported." ODG details additional guidelines: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are

injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. The request is for a block with sedation which is not recommended. Treatment notes did not detail other conservative treatment failures. As such, the request for Bilateral Facet Injection at L4/5 with fluoroscopy and sedation is not medically necessary.

**Flexmid 7.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) and Other Medical Treatment Guidelines UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." "The medication is not recommended to be used for longer than 2-3 weeks." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. As such, the request for Flexmid 7.5mg #90 is not medically necessary.