

<b>Case Number:</b>	CM15-0204001		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 33 year old, female who sustained a work related injury on 6-30-14. A review of the medical records shows she is being treated for low back pain. In the progress notes dated 7-14-15 and 8-12-15, the injured worker reports intermittent low back pain. She describes the pain as aching, electrical, and sharp. She has associated right leg weakness and numbness. On physical exam dated 8-12-15, she has tenderness over lumbar paraspinal muscles overlying the facet joints on the right side with spasms. She has decreased lumbar range of motion. Treatments have included 4 sessions of physical therapy and medications. The provider states the lumbar spine x-rays dated 7-14-15 reveal "no evidence of instability. The disc spaces are well preserved. There are no lytic or destructive lesions identified." Current medications include Advil, Tylenol #3, Tramadol, and Norco. She is working full duty. The treatment plan includes requests for facet injections x 2 and a refill of ibuprofen. The Request for Authorization dated 8-28-15 has a request for bilateral L4-5 and L5-S1 medial branch nerve blocks x 2. In the Utilization Review dated 9-16-15, the requested treatment of 2 sets of bilateral L4-5 and L5-S1 medial branch nerve blocks is not medically necessary. The requested treatment of ibuprofen 600mg #90 with 2 refills is modified to ibuprofen 600mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 sets of bilateral L4-L5 and L5-S1 medial branch blocks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

**Decision rationale:** Concerning facet joint injections of the lumbar spine, the CA MTUS states that they are not recommended. However, both the MTUS and ODG recommend that they may be used for investigation involving controlled differential dorsal ramus medial branch diagnostic blocks prior to facet neurotomies. Per ODG, if successful diagnostic blocks are performed, treatment may proceed to facet neurotomy at the diagnosed levels. Research indicates that a minimum of one diagnostic medial branch block (MBB) be performed prior to a neurotomy. Although MBBs and intra-articular blocks appear to provide comparable diagnostic information, results found better predictive effect with diagnostic MBB. ODG criteria state that the one set of diagnostic MMBs is required with a response of greater than or equal to 70%, with the pain response lasting approximately 2 hours. Furthermore, facet diagnostic blocks are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. According to recent treating provider notes through 9-30-15, the injured worker has not received prior facet blocks, and the intention is for diagnostic purposes; however, facet blocks would not be indicated due to her radicular findings by history and physical exam. Therefore, the request for 2 sets of bilateral L4-L5 and L5-S1 medial branch blocks is not medically necessary and appropriate.

**Ibuprofen 600mg #90, 2 refills: Overturned**

**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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per the MTUS guidelines cited, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for acute exacerbations of chronic back pain, as a second-line treatment after acetaminophen. They are also recommended as an option for short-term symptomatic relief for exacerbations of chronic low back pain. For neuropathic pain, long-term evidence is inconsistent, but they may be useful to treat breakthrough pain. Furthermore, NSAIDs are recommended for the treatment of osteoarthritis at the lowest dose possible in the shortest period for injured workers with moderate to severe pain. According to the treating provider's notes, the injured worker has had chronic low back pain with radicular symptoms. Documentation listed improved subjective function and a 30 percent decrease in pain with Advil, so based on the injured worker's diagnoses and the above mentioned indications, the use of ibuprofen would be reasonable. Therefore, the request for ibuprofen 600mg #90 with 2 refills is medically necessary and appropriate.