

<b>Case Number:</b>	CM15-0027338		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/09/1997
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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

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 61 year old female who sustained an industrial injury on 5/9/97. The injured worker reported symptoms in the back and right leg. The diagnoses included displacement; lumbar disc without myelopathy, degenerative disc disease; lumbar spine and facet arthropathy; lumbar. Treatments to date include epidural injections, acupuncture, chiropractic treatments, physical therapy, and oral pain medications. In a progress note dated 1/15/15 the treating provider reports the injured worker was with "average pain without medications is a 10/10 tenderness over L3-S1 with extension and lateral bend highly suggestive of face arthropathy." On 1/26/15 Utilization Review non-certified the request for lumbar medial branch blocks and electrocardiogram and pharmacogenetic testing. The California Medical Treatment Utilization Schedule was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar medical branch blocks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low back; therapeutic or diagnostic medial branch blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, under Facet Joint Medial Branch blocks - Therapeutic.

**Decision rationale:** The patient presents with chronic lower back and right hip pain rated 10/10 without medications and 4/10 with medications. The pain is described as sharp, burning, and stabbing. The patient's date of injury is 05/09/97. Patient has no documented surgical history directed at this complaint. The request is for LUMBAR MEDIAL BRANCH BLOCKS. The RFA was not provided. Physical examination dated 01/14/15 reveals exquisite tenderness over the L3 to S1 paraspinal muscles, lateral bend highly suggestive of facet arthropathy. Neurological exam of the lower extremities reveals decreased strength to the bilateral lower extremities, decreased deep tendon reflexes bilaterally, and decreased light touch sensation to the L4 and L5 dermatomes bilaterally. The patient is currently prescribed Oxycodone and Methadone. Diagnostic imaging was not included. Patient is classified as permanent and stationary. ODG Low Back Chapter, under Facet Joint Medial Branch blocks - Therapeutic states: "Not recommended except as a diagnostic tool. Minimal evidence for treatment." ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: "Recommend 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'). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself." In regards to the request for lumbar medial branch blocks, treater has not specified target levels. There is no documentation of prior lumbar medial branch blocks so it appears that this is a diagnostic block. This patient presents with chronic lower back pain without radiculopathy and physical findings suggestive of facet arthropathy, for which a diagnostic facet block joint injection would be appropriate. However, the treater has not specified the levels to which such injections would be applied. Without a clearer declaration of where lumbar facet blocks are targeted, the diagnostic procedure cannot be substantiated. Therefore, the request IS NOT medically necessary.

**EKG/PGT testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; 13th edition (web 2015) treatment section for pain under heading DNA testing and cytokine DNA testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, regarding Pharmacogenetic Testing.

**Decision rationale:** The patient presents with chronic lower back and right hip pain rated 10/10 without medications and 4/10 with medications. The pain is described as sharp, burning, and stabbing. The patient's date of injury is 05/09/97. Patient has no documented surgical history directed at this complaint. The request is for PGT TESTING. The RFA was not provided. Physical examination dated 01/14/15 reveals exquisite tenderness over the L3 to S1 paraspinal muscles, lateral bend highly suggestive of facet arthropathy. Neurological exam of the lower extremities reveals decreased strength to the bilateral lower extremities, decreased deep tendon reflexes bilaterally, and decreased light touch sensation to the L4 and L5 dermatomes bilaterally. The patient is currently prescribed Oxycodone and Methadone. Diagnostic imaging was not included. Patient is classified as permanent and stationary. ODG Pain Chapter, regarding Pharmacogenetic Testing has the following: "Not recommended. Testing is not recommended except in a research setting. In many complex trials evaluating the effect of opioids on pain, population-based genetic association studies have had mixed success and reproducibility has been poor. Evidence is not yet sufficiently robust to determine association of pain-related genotypes and variability in opioid analgesia in human studies. There are no published guidelines for generalized testing of the cytochrome system outside of certain populations." In regards to the requested pharmacogenetic testing, the treater documents the rationale: "to rule out if this patient is a rapid metabolizer of the medications and to rule out the 2B9 abnormality." However, ODG guidelines do not recommend genetic testing as an appropriate preventative measure at this time owing to a currently poor understanding of the underlying genotype/phenotype variations. Therefore, the request IS NOT medically necessary.