

<b>Case Number:</b>	CM15-0217044		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 6-28-2013. Medical records indicate the worker is undergoing treatment for status post lumbar laminectomy, lumbar radiculopathy, lumbar herniated nucleus pulposus and bilateral sacroiliac dysfunction. A recent progress report dated 9-15-2015, reported the injured worker complained of low back pain with radiation to the bilateral lower extremities rated 5 out of 10. Physical examination revealed lumbar 3-5 paraspinal tenderness to palpation, hypertonicity to the lumbar 3-sacral 1 paraspinal muscles and a normal gait. Treatment to date has included a right lumbar 5-sacral 1 medial branch block with unclear results, 5 sessions of massage therapy with great relief, surgery, 8 sessions of chiropractic care with reduced pain, physical therapy with reduced pain and increased range of motion, epidural steroid injection with minimal pain relief and medication management. The physician is requesting medial branch block for the right lumbar 4-5 and lumbar 5-sacral 1 and Flector patch 1.3% #30. On 11-4-2015, the Utilization Review noncertified the request for medial branch block for the right lumbar 4-5 and lumbar 5-sacral 1 and Flector patch 1.3% #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial branch block right L4-L5 qty: 1: 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) Treatment in Workers' Comp (13th annual edition) Low Back - Lumbar & Thoracic (Acute & Chronic).

**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) Chapter, Facet joint diagnostic blocks.

**Decision rationale:** Based on the 09/15/15 progress report provided by treating physician, the patient presents with low back pain with radiation to the bilateral lower extremities rated 5/10. The patient is status post microdiscectomy L5-S1 on 08/28/13. The request is for medial branch block right l4-l5 qty: 1. Patient's diagnosis per Request for Authorization form dated 09/15/15 includes right lumbar radiculopathy, lumbar facet arthropathy, lumbar myofascial pain, and chronic low back pain. Physical examination of the lumbar spine on 09/15/15 revealed tenderness to palpation to paraspinal muscles and right facets L3-L5, and hypertonicity with twitch responses to right L3-S1 paraspinals. Positive facet loading on the right. Treatment to date has included surgery, injections, imaging and electrodiagnostic studies, physical therapy, chiropractic and medications. Patient's medications include Motrin and Flexeril. The patient is permanent and stationary, per 09/15/15 report. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "... there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Treater states in 09/15/15 report "confirmatory MBB of right L4-L5, L5-S1 as the patient had a bad reaction to anesthesia last time and we could not obtain an accurate assessment of the efficacy of this diagnostic procedure for facet arthropathy. If patient obtains good results at this next test we will request rhizotomy treatment at these levels." However, guidelines do not support repeat facet joint injections, and the recommendation is to proceed to "subsequent neurotomy (if the medial branch block is positive)." In addition, per 07/29/15 and 10/08/15 reports, treater states "The patient had a MBB right L5-S1 on 07/15/2015. She reports that she had a headache and nausea following the procedure and she slept for the whole day. She reports that she does not know what degree of pain relief she had. The patient reports feeling numbness of the right leg and tingling in the right foot for two days following the procedure. She reports that she is un-interested in repeating this injection..." ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness and non-radicular symptoms, and facet joint evaluations or treatments are not recommended when radicular or neurologic findings are present. MRI of the lumbar spine dated 09/03/14, per 09/15/15 report states "Evidence of previous surgery at L5-S1 with no evidence of recurrent disc herniation. Right sided foraminal narrowing is present at this interspace due to hypertrophic disease...moderate right neural foraminal narrowing at L5-S1." ODG states "... there should be no evidence of radicular pain, spinal stenosis..." In this case, the patient has a diagnosis of radiculopathy and presents with lower extremity symptoms, MRI findings show neural foraminal narrowing at the requested levels, the patient did not have positive results from prior injection, and does not show interest in repeating the procedure. This

request is not in accordance with ODG indications. Therefore, the request is not medically necessary.

**Medial branch block right L5-S1 qty: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers' Comp (13th annual edition) Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks.

**Decision rationale:** Based on the 09/15/15 progress report provided by treating physician, the patient presents with low back pain with radiation to the bilateral lower extremities rated 5/10. The patient is status post microdiscectomy L5-S1 on 08/28/13. The request is for MEDIAL BRANCH BLOCK RIGHT L5-S1 QTY: 1. Patient's diagnosis per Request for Authorization form dated 09/15/15 includes right lumbar radiculopathy, lumbar facet arthropathy, lumbar myofascial pain, and chronic low back pain. Physical examination of the lumbar spine on 09/15/15 revealed tenderness to palpation to paraspinal muscles and right facets L3-L5, and hypertonicity with twitch responses to right L3-S1 paraspinals. Positive facet loading on the right. Treatment to date has included surgery, injections, imaging and electrodiagnostic studies, physical therapy, chiropractic and medications. Patient's medications include Motrin and Flexeril. The patient is permanent and stationary, per 09/15/15 report. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "... there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Treater states in 09/15/15 report "confirmatory MBB of right L4-L5, L5-S1 as the patient had a bad reaction to anesthesia last time and we could not obtain an accurate assessment of the efficacy of this diagnostic procedure for facet arthropathy. If patient obtains good results at this next test we will request rhizotomy treatment at these levels." However, guidelines do not support repeat facet joint injections, and the recommendation is to proceed to "subsequent neurotomy (if the medial branch block is positive)." In addition, per 07/29/15 and 10/08/15 reports, treater states "The patient had a MBB right L5-S1 on 07/15/2015. She reports that she had a headache and nausea following the procedure and she slept for the whole day. She reports that she does not know what degree of pain relief she had. The patient reports feeling numbness of the right leg and tingling in the right foot for two days following the procedure. She reports that she is un- interested in repeating this injection..." ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness and non-radicular symptoms, and facet joint evaluations or treatments are not recommended when radicular or neurologic findings are present. MRI of the lumbar spine dated 09/03/14, per 09/15/15 report states "Evidence of previous surgery at L5-

S1 with no evidence of recurrent disc herniation. Right sided foraminal narrowing is present at this interspace due to hypertrophic disease...moderate right neural foraminal narrowing at L5-S1." ODG states "... there should be no evidence of radicular pain, spinal stenosis..." In this case, the patient has a diagnosis of radiculopathy and presents with lower extremity symptoms, MRI findings show neural foraminal narrowing at the requested levels, the patient did not have positive results from prior injection, and does not show interest in repeating the procedure. This request is not in accordance with ODG indications. Therefore, the request IS NOT medically necessary.

**Flector patch 1.3% qty: 30: 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): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Flector patch.

**Decision rationale:** Based on the 09/15/15 progress report provided by treating physician, the patient presents with low back pain with radiation to the bilateral lower extremities rated 5/10. The patient is status post microdiscectomy L5-S1 on 08/28/13. The request is for flector patch 1.3% qty: 30. Patient's diagnosis per Request for Authorization form dated 09/15/15 includes right lumbar radiculopathy, lumbar facet arthropathy, lumbar myofascial pain, and chronic low back pain. Physical examination of the lumbar spine on 09/15/15 revealed tenderness to palpation to paraspinal muscles and right facets L3-L5, and hypertonicity with twitch responses to right L3-S1 paraspinals. Positive facet loading on the right. Treatment to date has included surgery, injections, imaging and electrodiagnostic studies, physical therapy, chiropractic and medications. Patient's medications include Motrin and Flexeril. The patient is permanent and stationary, per 09/15/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009, Topical Analgesics section, pg 111-113 regarding topical NSAIDs states: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)... There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." ODG Guidelines, Pain Chapter under Flector patch states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." Treater has not provided medical rationale for the request, nor indicated where this topical is applied and with what efficacy. MTUS Guidelines state that there is "little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." In this case, the patient does not present with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. This patient presents with back pain for which topical NSAIDs are not supported. MTUS page 60 also requires recording of pain and function when medications are used for chronic pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.