

<b>Case Number:</b>	CM15-0044102		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: 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 43-year-old male, who sustained an industrial injury on October 28, 2013. He reported feeling dizzy and "flash and stars", low back pain, shoulder pain, and neck pain and stiffness. The injured worker was diagnosed as having low back pain/lumbar pain, lumbosacral pain, and pain in joint. Treatment to date has included urine drug screening, electrodiagnostic studies, x-rays, physical therapy, chiropractic therapy, home exercise program, heat, transcutaneous electrical nerve stimulation (TENS) unit, and medications including oral and topical pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. An MRI from 11/13/14 indicated disc degeneration of L4-L5, foraminal stenosis of L3-L4 and annular tears of L4-L5. On 12/3/14, the NCV study showed right S1 radiculopathy. On December 5, 2014, the injured worker complains of constant, aching and dull low back pain. The physical exam revealed subluxated alignment of lumbar 1, lumbar 5, sacral, and iliac. The treatment plan includes infrared, EMS, and ultrasound for the lumbar spine; and the adjustment of lumbar 1, lumbar 5, and sacral 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral BL L4-5, L5-S1 Facet Block Under Fluoroscopic Guidance: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- low back chapter and pg 36.

**Decision rationale:** According to the guidelines, Criteria for the use of diagnostic blocks for facet mediated pain: 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. In this case, the pain was determined to be radicular in nature based on the NCV results. As a result, the request for a facet block is not medically necessary.

**Radiofrequency Ablation:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines- low back chapter and pg 39.

**Decision rationale:** According to the guidelines, facet radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Treatment requires a diagnostic medial branch block. Since the MBB above is not medically necessary, the radiofrequency ablation is not medically necessary.

**Compound Cream - Diclofenac 5 Percent, Gabapentin 6 Percent, Baclofen 2 Percent, Cyclobenzaprine 2 Percent, Bupivacaine 1 Percent, Lidocaine 5 Percent:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen as well as topical Gabapentin are not recommended due to lack of evidence. Since the compound above contains these topical medications, the compound in question is not medically necessary.