

<b>Case Number:</b>	CM15-0048608		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2015

### 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: 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 40-year-old male who reported an injury on 08/21/2013. The mechanism of injury was not specifically stated. The injured worker is diagnosed with lumbar radiculitis, lumbar disc degeneration, lumbago, migraines, obesity, and tobacco use disorder. On 03/06/2015, the injured worker presented for a follow-up evaluation with complaints of persistent lower back pain with radiating symptoms into the posterior legs. The injured worker reported 70% relief of symptoms with the use of Norco and Opana. The injured worker denied side effects of the medication. The provider documented no aberrant behavior was noted. In addition to Norco 10/325 mg and Opana, the injured worker was utilizing Diphenoxylate Atropine, Ibuprofen 600 mg, and Carisoprodol 350 mg. Upon examination of the lumbar spine, there was a non-antalgic gait, paraspinous tenderness, SI joint tenderness, painful range of motion, mild spasm, normal muscle tone, positive facet loading bilaterally, limited range of motion, 5/5 motor strength, 2+ patellar reflexes, 1+ Achilles reflexes, and intact sensation with the exception of the posterolateral thigh, knee, and heel. It was noted that the injured worker was status post lumbar epidural steroid injection on 08/08/2014 and 11/2014 with 70% to 90% relief of symptoms. The injured worker was also status post right L3-5 medial branch block on 01/21/2015 with 70% relief of symptoms with the exception of lower buttock pain. Recommendations included a repeat right L3-5 medial branch diagnostic block. If the diagnostic block failed, the provider would consider a right SI joint injection versus repeat lumbar epidural steroid injection. The injured worker was also advised to continue with the current medication regimen. A Request for Authorization form was then submitted on 03/10/2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One Right L3-4 Medical Branch Radiofrequency: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines do not recommend more than 1 therapeutic intra-articular block or medial branch block. There should be no evidence of radicular pain, spinal stenosis, or a previous fusion. If successful with an initial pain relief of 70% and duration of at least 6 weeks, a repeat medial branch diagnostic block and subsequent neurotomy is recommended. No more than 2 joint levels may be blocked at one time. There should also be evidence of a formal plan of additional evidence based activity and exercise in addition to facet injection therapy. In this case, it was noted that the injured worker underwent a previous right sided L3-5 medial branch block in 01/2015. There was no documentation of at least 70% improvement for 6 weeks following the injection. The provider noted 70% pain relief following the procedure; however, there was no objective evidence of functional improvement. Although there is documentation of facet mediated pain upon examination, the injured worker reports right sided low back pain with radiation into the posterior legs. The physical examination does reveal evidence of diminished sensation in the posterolateral thigh, knee, and heel. According to the Official Disability Guidelines, there should be an absence of radicular pain. Given the above, the request for a repeat procedure cannot be determined as medically appropriate at this time. Therefore, the request is not medically necessary.

### **One Right L4-5 Medical Branch Radiofrequency: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections, are of questionable merit. The Official Disability Guidelines do not recommend more than 1 therapeutic intra-articular block or medial branch block. There should be no evidence of radicular pain, spinal stenosis, or a previous fusion. If successful with an initial pain relief of 70% and duration of at least 6 weeks, a repeat medial

branch diagnostic block and subsequent neurotomy is recommended. No more than 2 joint levels may be blocked at one time. There should also be evidence of a formal plan of additional evidence based activity and exercise in addition to facet injection therapy. In this case, it was noted that the injured worker underwent a previous right sided L3-5 medial branch block in 01/2015. There was no documentation of at least 70% improvement for 6 weeks following the injection. The provider noted 70% pain relief following the procedure; however, there was no objective evidence of functional improvement. Although there is documentation of facet mediated pain upon examination, the injured worker reports right sided low back pain with radiation into the posterior legs. The physical examination does reveal evidence of diminished sensation in the posterolateral thigh, knee, and heel. According to the Official Disability Guidelines, there should be an absence of radicular pain. Given the above, the request for a repeat procedure cannot be determined as medically appropriate at this time. Therefore, the request is not medically necessary.

**One Moderate Sedation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Opana ER 20 mg QTY: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. While it is noted that the injured worker reports 70% improvement with the current medication regimen, and the provider also documented an absence of aberrant behavior, there is no objective evidence of functional improvement despite the ongoing use of this medication. The injured worker continues to report bilateral low back pain with radiating symptoms into the bilateral lower extremities. The injured worker continues to report a high pain level of 7/10. In addition, there was no frequency listed in the request. Given the above, the request is not medically necessary.