

<b>Case Number:</b>	CM14-0139905		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old female who reported an injury on 10/24/2013. The mechanism of injury was the injured worker was going into the bathroom and did not notice there was a wet floor. The injured worker fell. The injured worker was treated with physical therapy and x-rays. The injured worker had an anterior cruciate ligament reconstruction of the right knee in 04/2012. The injured worker's medication history included Ultracet as of 02/03/2014. The documentation indicated the injured worker had an MRI of the lumbar spine on 05/13/2014 which showed two 3 mm diffused disc bulge from L2 through S1 along with multilevel mild to moderate bilateral foraminal stenosis from L3 through S1. There was facet hypertrophy from L3 to S1 bilaterally. The documentation of 08/07/2014 revealed the injured worker had MRIs and electrodiagnostic studies. The injured worker had a stabbing sharp pain in the left side of the low back with proximal radiation into the buttock but not down to the leg. The injured worker was living with chronic pain for so long she was tired of it. Without Ultracet, the injured worker indicated she would not be able to handle it. The injured worker needed a refill. Additionally, the injured worker's medications included Motrin, Zanaflex, and trazodone. The objective findings revealed with the injured worker standing and her eyes closed, she was swinging a little bit. The physician indicated at 1 time, she had to hold herself up, but after a while she could hold her position. The eye movements were normal. There was no nystagmus noted. The lumbar spine examination revealed left paravertebral facet tenderness on the lower lumbar areas. The straight leg raise test was negative. Extension and flexion increased pain. The EMG/nerve conduction velocity of 07/30/2014 was noted to be normal. The diagnosis included chronic low back pain. the treatment plan included a second opinion spine surgery consultation; acupuncture and massage therapy as the injured worker had not trialed either therapy; a left L3, L4, and L5 dorsal medial branch diagnostic block to look at the lumbar facet

joints on the left side; and the injured worker had been authorized for an MRI of the wrist and was scheduled for an MRI of the knee. There was a detailed Request for Authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left L3 Dorsal Medial Branch Diagnostic Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - Diagnostic Blocks / Therapeutic Injections / Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** The American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they 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"). The clinical documentation submitted for review indicated the injured worker had tenderness to palpation at the paravertebral area. There was a lack of documentation of a myotomal and dermatomal evaluation. The injured worker had a normal straight leg raise exam. There was a lack of documentation indicating the injured worker had a failure of conservative treatment including home exercises, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The request was submitted with a request for 2 other levels, which would exceed the guideline recommendations. There was a lack of documentation indicating that, if the injured worker had a positive response to the diagnostic testing, what the next step would be. Given the above, the request for a left L3 dorsal medial branch diagnostic block is not medically necessary.

#### **Left L4 Dorsal Medial Branch Diagnostic Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

- Diagnostic Blocks / Therapeutic Injections / Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** The American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they 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"). The clinical documentation submitted for review indicated the injured worker had tenderness to palpation at the paravertebral area. There was a lack of documentation of a myotomal and dermatomal evaluation. The injured worker had a normal straight leg raise exam. There was a lack of documentation indicating the injured worker had a failure of conservative treatment including home exercises, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The request was submitted with a request for 2 other levels, which would exceed the guideline recommendations. There was a lack of documentation indicating that if the injured worker had a positive response to the diagnostic testing, what the next step would be. Given the above, the request for a left L4 dorsal medial branch diagnostic block is not medically necessary.

**Left L5 Dorsal Medial Branch Diagnostic Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - Diagnostic Blocks / Therapeutic Injections / Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** The American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of

radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they 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"). The clinical documentation submitted for review indicated the injured worker had tenderness to palpation at the paravertebral area. There was a lack of documentation of a myotomal and dermatomal evaluation. The injured worker had a normal straight leg raise exam. There was a lack of documentation indicating the injured worker had a failure of conservative treatment including home exercises, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The request was submitted with a request for 2 other levels, which would exceed the guideline recommendations. There was a lack of documentation indicating that if the injured worker had a positive response to the diagnostic testing, what the next step would be. Given the above, the request for a left L5 dorsal medial branch diagnostic block is not medically necessary.

**(Retro DOS 8/7/14) Ultracet 37.5/325 mg Qty: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94 and 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. There should be documentation of the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since early 2014. There was a lack of documentation meeting the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for a retrospective DOS 08/07/2014 Ultracet 37.5/325 mg quantity of 60 is not medically necessary.

**Trial Massage Therapy Qty: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** The California MTUS Guidelines recommend massage therapy that is limited to 4 - 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive

intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The clinical documentation submitted for review failed to indicate the injured worker had findings to support the necessity for massage therapy. There was a lack of documentation indicating a necessity for 8 sessions as the recommend maximum visits were noted to be 6. The request as submitted failed to indicate the body part to be treated with massage. Given the above, the request for a trial of massage therapy quantity 8 is not medically necessary.

**Acupuncture Qty: 8: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review failed to indicate the injured worker had a reduction in pain medication or that the pain medication was not tolerated. There was a lack of documentation indicating the injured worker would be utilizing the treatment as an adjunct to physical rehabilitation. Additionally, the request for 8 sessions would exceed guideline recommendations as it is noted the time to produce functional improvement is 3 to 6 treatments. The request as submitted failed to indicate the body part to be treated with acupuncture. Given the above, and the lack of documentation of exceptional factors, the request for acupuncture quantity 8 is not medically necessary.