

<b>Case Number:</b>	CM15-0107419		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	07/20/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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 31-year-old male, who sustained an industrial injury on 7/20/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbago. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/27/2015, the injured worker complains of back with a rating of 2/10 with medications. Physical examination showed lumbar tenderness. The treating physician is requesting Ibuprofen 800 mg #90 with 2 refills and a lumbar branch block at lumbar 3-sacral 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg #90 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 and 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Ibuprofen 800mg #90 with 2 refills. The RFA is dated 05/14/15. Treatment to date has included therapy and medication management. The patient is working. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. "The patient has been prescribed Ibuprofen since at least 03/18/15. According to progress report 04/27/15, the patient reported worsening of low back pain during and after workdays. He reported that Ibuprofen has been "very effective" and rated his pain as 2/10 with medications. Physical examination showed lumbar spine and joint facet tenderness, as well as decreased range of motion. There was abnormal Schober's test and positive straight leg raise on the left. The treater recommended refill of medication and a medial branch block to try to reduce the pain. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The use of Ibuprofen has provided effective pain relief and the patient has been able to continue working. Given the medication efficacy, the request is medically necessary.

#### **Lumbar medial branch blocks at L3-S1: 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 - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Version last updated 04/29/2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, under Facet Joint Diagnostic Blocks.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Lumbar medial branch blocks at L3-S1. The RFA is dated 05/14/15. Treatment to date has included therapy and medication management. The patient is working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, under "Physical Methods," pages 300 states Invasive techniques (e. g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. 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. Criteria for the use of diagnostic blocks for facet "mediated" pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. According to progress report 04/27/15, the patient reported worsening of low back pain during and after workdays. Physical examination showed lumbar spine and joint facet tenderness, as well as decreased range of motion, abnormal Schober's test and positive straight leg raise on the left. The treater recommended refill of medication and a medial branch block to try and reduce the pain. According to progress report 01/13/15, the patient had a prior MRI which demonstrated

"herniated disc at L4-5" bilateral foraminal stenosis at L5-S1. The MRI report is not provided for my review. Examination on this date revealed decreased sensation in the right L5 distribution. The patient was recommended for an ESI. There is no evidence in the records provided that this patient has undergone lumbar facet injections to date. In this case, examination has demonstrated a positive straight leg raise testing and diminished sensation over the right L5 distribution. ODG guidelines limit facet blocks for patients with non-radicular low-back pain. The requested lumbar facet injection is not medically necessary.