

<b>Case Number:</b>	CM15-0114683		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/14/2015

### 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: 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 (IW) is a 52 year old male who sustained an industrial injury on 02/18/2014. He reported a cumulative trauma injury. The injured worker was diagnosed as having lumbar facet syndrome, spinal/lumbar degenerative disc disease, low back pain, and thoracic pain. Treatment to date has included physical therapy, medications, an X-Ray of the C-Spine (08/19/2014) that showed 1 mm retrolisthesis of C5 on C6, and electromyogram nerve conduction studies (09/12/2014) which were normal, and treatment with a pain specialist. Currently, the injured worker complains of pain in the low back that is rated a 7 on the scale of 0-10 with medication, and a 10 on the scale of 0-10 without medication. He has poor sleep, and his activity level has decreased. He reports worsening low back pain and radicular pain to the bilateral lower extremities which is affecting his gait. He is also healing from a fracture to the right foot. His right foot has swelling, and he is wearing a CAM boot. The patient stated in the 03/13/2015 exam that he fell in February when his back gave out on him. On exam, his lumbar spine range of motion is limited by pain. He has hyper tonicity and tenderness bilaterally in the paravertebral muscles and lumbar facet loading is positive on both sides. Straight leg raising test is positive bilaterally. Range of motion is restricted with pain and swelling, and he has tenderness over the 3rd, 4th, and 5th metatarsal. The Nucynta has been in use for one week and he notes drowsiness with a full tablet. Advised to use 1/12 tablet. Current medications include Voltaren gel, Celebrex, Naprosyn, and Nucynta. He also takes Atorvastatin, Finasteride, and Hydrochlorothiazide on a non-industrial related basis. A request for authorization was made for the following: 1. One (1) left medial branch block at L4-L5 and L5-S1 levels as outpatient 2.

One (1) right medial branch block at L4-L5 and L5-S1 levels as outpatient 3. Six (6) acupuncture visits for the thoracic spine (unspecified frequency and duration) as outpatient 4. Six (6) acupuncture visits for the lumbar spine (unspecified frequency and duration) as outpatient 5. One (1) MRI of the lumbar spine without contrast as outpatient 6. One (1) genetic testing for pain receptors as outpatient

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

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

**One (1) left medial branch block at L4-L5 and L5-S1 levels as outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Chapter, under Facet Joint Medial Branch blocks Low Back Chapter, under Facet Joint Diagnostic Blocks.

**Decision rationale:** The patient presents on 05/05/15 with lower back pain rated 7/10 and associated loss of sleep secondary to pain. The patient's date of injury is 02/18/14. Patient has no documented surgical history directed at this complaint. The request is for ONE (1) LEFT MEDIAL BRANCH BLOCK L4-L5 AND L5-S1 LEVELS AS AN OUTPATIENT. The RFA is dated 05/11/15. Physical examination dated 05/05/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms/hypertonicity noted, positive lumbar facet loading, and positive straight leg raise test bilaterally. Inspection of the right foot reveals tenderness to palpation over the 3rd and 4th metatarsals, restricted range of motion, and swelling of the foot. The provider also notes decreased deep tendon reflexes in the bilateral lower extremities and states that the patient presents wearing a CAM boot. The patient is currently prescribed Voltaren Gel, Celebrex, Nucynta, Atovastatin, Finasteride, Hydrochlorothiazide, and Naprosyn. Patient is currently working with modified duties. ODG Low Back Chapter, under Facet Joint Medial Branch blocks Therapeutic- states: "Not recommended except as a diagnostic tool. Minimal evidence for treatment." 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. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. In regard to the diagnostic lumbar medial branch block at L4-L5 and L5-S1, the request is appropriate. Progress notes provided do not indicate that this patient has undergone

any lumbar medial branch blocks to date. There is no evidence that this patient has undergone any fusions at these levels to date, either. While there is no discussion of anticipated neurotomy directed at this level, given this patient's persistent lower back pain with radiculopathic symptoms, a diagnostic block is an appropriate measure. Therefore, the request IS medically necessary.

**One (1) right medial branch block at L4-L5 and L5-S1 levels as outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Chapter, under Facet Joint Medial Branch blocks.

**Decision rationale:** The patient presents on 05/05/15 with lower back pain rated 7/10 and associated loss of sleep secondary to pain. The patient's date of injury is 02/18/14. Patient has no documented surgical history directed at this complaint. The request is for ONE (1) RIGHT MEDIAL BRANCH BLOCK AT L4-L5 AND L5-S1 LEVELS AS AN OUTPATIENT. The RFA is dated 05/11/15. Physical examination dated 05/05/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms/hypertonicity noted, positive lumbar facet loading, and positive straight leg raise test bilaterally. Inspection of the right foot reveals tenderness to palpation over the 3rd and 4th metatarsals, restricted range of motion, and swelling of the foot. The provider also notes decreased deep tendon reflexes in the bilateral lower extremities and states that the patient presents wearing a CAM boot. The patient is currently prescribed Voltaren Gel, Celebrex, Nucynta, Atovastatin, Finasteride, Hydrochlorothiazide, and Naprosyn. Patient is currently working with modified duties. ODG Low Back Chapter, under Facet Joint Medial Branch blocks - Therapeutic- states: "Not recommended except as a diagnostic tool. Minimal evidence for treatment." 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. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. In regard to the diagnostic lumbar medial branch block at L4-L5 and L5-S1, the request is appropriate. Progress notes provided do not indicate that this patient has undergone any lumbar medial branch blocks to date. There is no evidence that this patient has undergone any fusions at these levels to date, either. While there is no discussion of anticipated neurotomy directed at this level, given this patient's persistent lower back pain with radiculopathic symptoms, a diagnostic block is an appropriate measure. Therefore, the request

IS medically necessary.

**Six (6) acupuncture visits for the thoracic spine (unspecified frequency and duration) as outpatient:** Overturned

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

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

**Decision rationale:** The patient presents on 05/05/15 with lower back pain rated 7/10 and associated loss of sleep secondary to pain. The patient's date of injury is 02/18/14. Patient has no documented surgical history directed at this complaint. The request is for SIX (6) ACUPUNCTURE VISITS FOR THE THORACIC SPINE (UNSPECIFIED FREQUENCY AND DURATION) AS AN OUTPATIENT. The RFA is dated 05/11/15. Physical examination dated 05/05/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms/hypertonicity noted, positive lumbar facet loading, and positive straight leg raise test bilaterally. Inspection of the right foot reveals tenderness to palpation over the 3rd and 4th metatarsals, restricted range of motion, and swelling of the foot. The provider also notes decreased deep tendon reflexes in the bilateral lower extremities and states that the patient presents wearing a CAM boot. The patient is currently prescribed Voltaren Gel, Celebrex, Nucynta, Atovastatin, Finasteride, Hydrochlorothiazide, and Naprosyn. Patient is currently working with modified duties. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the 6 sessions of acupuncture for this patient's chronic thoracic spine pain, the request is appropriate. The documentation provided does not include evidence that this patient has undergone any acupuncture to date. MTUS guidelines specify 3 to 6 treatments of acupuncture initially, with additional treatments contingent on improvements. Given the lack of acupuncture treatments to date, and the conservative nature of such therapies, 6 sessions are appropriate and could produce significant benefits for this patient. Therefore, the request IS medically necessary.

**Six (6) acupuncture visits for the lumbar spine (unspecified frequency and duration) as outpatient:** Overturned

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

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

**Decision rationale:** The patient presents on 05/05/15 with lower back pain rated 7/10 and associated loss of sleep secondary to pain. The patient's date of injury is 02/18/14. Patient has no documented surgical history directed at this complaint. The request is for SIX (6) ACUPUNCTURE VISITS FOR THE LUMBAR SPINE (UNSPECIFIED FREQUENCY AND DURATION) AS OUTPATIENT. The RFA is dated 05/11/15. Physical examination dated 05/05/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms/hypertonicity noted, positive lumbar facet loading, and positive straight leg raise test bilaterally. Inspection of the right foot reveals tenderness to palpation over the 3rd and 4th metatarsals, restricted range of motion, and swelling of the foot. The provider also notes decreased deep tendon reflexes in the bilateral lower extremities and states that the patient presents wearing a CAM boot. The patient is currently prescribed Voltaren Gel, Celebrex, Nucynta, Atovastatin, Finasteride, Hydrochlorothiazide, and Naprosyn. Patient is currently working with modified duties. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the 6 sessions of acupuncture for this patient's chronic lumbar spine pain, the request is appropriate. The documentation provided does not include evidence that this patient has undergone any acupuncture to date. MTUS guidelines specify 3 to 6 treatments of acupuncture initially, with additional treatments contingent on improvements. Given the lack of acupuncture treatments to date, and the conservative nature of such therapies, 6 sessions are appropriate and could produce significant benefits for this patient. Therefore, the request IS medically necessary.

**One (1) MRI of the lumbar spine without contrast as outpatient:** 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), Low Back - Lumbar & Thoracic (Acute & Chronic) - Indications for imaging - Magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter under MRI.

**Decision rationale:** The patient presents on 05/05/15 with lower back pain rated 7/10 and associated loss of sleep secondary to pain. The patient's date of injury is 02/18/14. Patient has no documented surgical history directed at this complaint. The request is for ONE (1) MRI OF THE LUMBAR SPINE WITHOUT CONTRAST AS AN OUTPATIENT. The RFA is dated 05/11/15. Physical examination dated 05/05/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms/hypertonicity noted, positive lumbar facet loading, and positive straight leg raise test bilaterally. Inspection of the right foot reveals tenderness to palpation over the 3rd and 4th metatarsals, restricted range of motion, and swelling of the foot. The provider also notes decreased deep tendon reflexes in the bilateral lower extremities and states that the

patient presents wearing a CAM boot. The patient is currently prescribed Voltaren Gel, Celebrex, Nucynta, Atorvastatin, Finasteride, Hydrochlorothiazide, and Naprosyn. Patient is currently working with modified duties. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. In regard to the repeat lumbar MRI, the requesting provider has not included documentation of severe progressive neurological deficit to warrant repeat imaging. This patient underwent MRI imaging on 03/06/14, with mild (1-2mm) disc bulges noted at L4-5 and L5-S1 levels. Progress note dated 05/05/15 notes lower back pain with some findings suggestive of stenosis (positive straight leg raise bilaterally), but these findings are not noted to be significantly greater than previous encounters. ACOEM and ODG require documentation of progressive neurological deficit or examination "red-flags" indicative of significant nerve compromise to substantiate repeat imaging, no such findings are included. Without a rationale as to why a repeat lumbar MRI is necessary to improve this patient's course of care, or evidence of recent exacerbation of this patient's neurological symptoms, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.

**One (1) genetic testing for pain receptors as outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Pharmacogenetic Testing.

**Decision rationale:** The patient presents on 05/05/15 with lower back pain rated 7/10 and associated loss of sleep secondary to pain. The patient's date of injury is 02/18/14. Patient has no documented surgical history directed at this complaint. The request is for ONE (1) GENETIC TESTING FOR PAIN RECEPTORS AS AN OUTPATIENT. The RFA is dated 05/11/15. Physical examination dated 05/05/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms/hypertonicity noted, positive lumbar facet loading, and positive straight leg raise test bilaterally. Inspection of the right foot reveals tenderness to palpation over the 3rd and 4th metatarsals, restricted range of motion, and swelling of the foot. The provider also notes decreased deep tendon reflexes in the bilateral lower extremities and states that the patient presents wearing a CAM boot. The patient is currently prescribed Voltaren Gel, Celebrex, Nucynta, Atorvastatin, Finasteride, Hydrochlorothiazide, and Naprosyn. Patient is currently working with modified duties. ODG Pain Chapter, regarding Pharmacogenetic Testing has the

following: Not recommended. Testing is not recommended except in a research setting. In many complex trials evaluating the effect of opioids on pain, population-based genetic association studies have had mixed success and reproducibility has been poor. Evidence is not yet sufficiently robust to determine association of pain-related genotypes and variability in opioid analgesia in human studies. There are no published guidelines for generalized testing of the cytochrome system outside of certain populations. In regard to the request for what appears to be pharmacogenetic testing, such diagnostic tests are not yet supported by guidelines outside of a research setting. While this patient presents with chronic lower back pain largely unresolved by conservative measures, official disability guidelines do not recommend genetic testing as an appropriate preventative measure at this time owing to a currently poor understanding of the underlying genotype/phenotype variations. Therefore, the request IS NOT medically necessary.