

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0120772 |                              |            |
| <b>Date Assigned:</b> | 07/01/2015   | <b>Date of Injury:</b>       | 09/15/1999 |
| <b>Decision Date:</b> | 08/04/2015   | <b>UR Denial Date:</b>       | 05/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/22/2015 |

### 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, North Carolina  
 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 61-year-old male, who sustained an industrial injury on 9/15/99. He reported pain in the neck, back, upper extremities, and knees. The injured worker was diagnosed as having cervical/lumbar discopathy, cervicgia, rule out internal derangement of bilateral knees, cubital tunnel syndrome, status post bilateral carpal tunnel releases, and rule out double crush syndrome. Treatment to date has included Toradol/B12 injections and medication. On 5/22/15, pain was rated as 8/10. On 5/5/15, pain was rated as 5/10 with medication and 10/10 without medication. A physician's report noted the injured worker had undergone a prior medial nerve branch block with limited response. Currently, the injured worker complains of pain in the cervical spine with radiation to the upper extremities, low back pain with radiation to the buttocks and bilateral lower extremities, bilateral elbows, bilateral wrists, and bilateral knees. The treating physician requested authorization for a L3-4 median branch nerve block under fluoroscopy, vitamin D 2000 units #100, and Norco 5/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-L5 median branch nerve block under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, table 12-8.

**Decision rationale:** The ACOEM Guidelines do not support facet joint injections according to Chapter 12, table 12-8 and page 300. In this case, the patient has a diagnosis of lumbar radiculopathy. There is no documentation of a decrease use of opioid use from previous interventions. A previous median branch block produced only "limited" improvement in the patient's pain and symptoms. Thus, there does not exist adequate rationale for a repeat median branch block and the request is deemed not medically necessary or appropriate.

**Vitamin D 2000 units #100:** 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), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Vitamin D (cholecalciferol).

**Decision rationale:** According to the ODG, Vitamin D is recommended for consideration in chronic pain patients if supplementation is necessary. Musculoskeletal pain is associated with lower Vitamin D levels but the relationship may be explained by lower physical activity and/or other compounding factors. Inadequate Vitamin D may represent an unrecognized source of decreased neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic diffuse pain that seems musculoskeletal and involves many areas of tenderness to palpation should consider checking a Vitamin D level. The clinical documentation provided for review lacks documentation of lab work related to the injured worker's Vitamin D level. There is no clear documentation of Vitamin D deficiency. The request for Vitamin D is unclear. Therefore, the request for Vitamin D is not medically necessary.

**Norco 5/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines state that opioids are only indicated for short-term use in cases of acute pain. If they are prescribed for extended use, then pain relief and functional improvement must be document to warrant their continued usage. In this case there is not documentation of pain relief and functional improvement submitted. There

is no documentation of active work status. The guidelines do not support long-term use of opioids for chronic back pain or lumbar root pain. Therefore, the request for continued long-term use of opioids is deemed not medically necessary or appropriate.