

<b>Case Number:</b>	CM15-0066307		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	04/07/2008
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Arizona, 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 56 year old male, who sustained an industrial injury on 4/07/2008. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include brachial neuritis or radiculitis, post laminectomy syndrome, lumbar disc degeneration, spondylosis, displacement of intervertebral disc, muscle spasm and myofascial pain syndrome. He is status post cervical fusion. Treatments to date include medication therapy, physical therapy, acupuncture treatments, trigger point injection, joint injection and epidural steroid injections. Currently, he complained of persistent pain in the lumbar spine into left hip and increased shoulder pain. On 1/23/15, the physical examination documented tenderness and spasm to lumbar spine with decreased range of motion. There was positive impingement sign noted to the right shoulder with tenderness. The right shoulder was administered a therapeutic injection on this date. The plan of care included continuation of medication, consultation with pain management and consultation with psyche.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral median branch block at L3-4 and L4-4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Diagnostic Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG - back pain and pg 36.

**Decision rationale:** According to the guidelines, Criteria for the use of diagnostic blocks for facet mediated pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a sedative during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant did have a prior positive straight leg raise test on 9/24/14. Recent examination at the time of request did not indicate pain levels. In addition, the ACOEM guidelines do not recommend invasive procedures due to the short term benefit. As a result, the request for a MBB is not medically necessary.

**DNA Testing of opiate metabolism:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids and testing Page(s): 42, 82-92.

**Decision rationale:** According to the guidelines, DNA testing is not recommended. There is no method of determining pain or chronic pain with DNA testing. In addition, there is no indication that there was non-compliance in medication use. The request for DNA testing for opioids metabolism is not medically necessary.