

<b>Case Number:</b>	CM15-0073342		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/25/1990
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Internal Medicine

### 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 65 year old female, who sustained an industrial injury on October 25, 1990. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy and postlaminectomy syndrome of the lumbar region. Treatment to date has included multiple lumbar surgeries, right hip bursa cortisone injection, home exercise program (HEP), CT, and medication. Currently, the injured worker complains of low back, bilateral hip, and bilateral lower extremity pain, with numbness, tingling, and weakness involving the right lower leg. The Primary Treating Physician's report dated March 25, 2015, noted the injured worker maintained function with the current medication regimen, having had a successful right hip bursa cortisone injection. The injured worker reported an increase in her left lower extremity and left hip pain, and that her Prilosec helped with her medication related gastrointestinal (GI) upset. The injured worker reported her average pain without medications was rated as an 8-9/10, with current pain 6/10, and that with medications the pain was rated a 2-3/10. The injured worker's current medications were listed as Norco, Naproxen Sodium, Prilosec, Fioricet, Keflex, Dyazide, and Premarin. Physical examination was noted to show tenderness to palpation at the thoracic paraspinals at T4-T5, lumbar spine tenderness to L3-L5 bilaterally with loss of range of motion (ROM) in all planes, bilateral straight leg raise, and decreased bilateral lower extremity strength. The treatment plan was noted to include requests for authorization for medications including Norco, Prilosec, and Naproxen Sodium, and for bilateral L3-L4 diagnostic medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Medial branch 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, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint intra-articular injections (therapeutic blocks), Facet joint medial branch blocks (therapeutic injections), Facet joint chemical rhizotomy, Facet joint radiofrequency neurotomy, Facet rhizotomy (radio frequency medial branch neurotomy). ACOEM 3rd Edition Low back disorders <http://www.guideline.gov/content.aspx?id=38438>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses facet joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) indicates that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) indicates that facet joint injections are not recommended. Official Disability Guidelines (ODG) state that regarding facet joint radiofrequency neurotomy, facet rhizotomy, radiofrequency medial branch neurotomy, radiofrequency ablation (RFA), studies have not demonstrated improved function with these procedures. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks (therapeutic injections) have minimal evidence for treatment. Official Disability Guidelines (ODG) indicate that facet joint chemical rhizotomy is not recommended. There are no studies. The procedure is considered experimental. Official Disability Guidelines (ODG) indicate that facet joint radiofrequency neurotomy is under study. Conflicting evidence is available as to the efficacy of this procedure. Studies have not demonstrated improved function. Facet joint radiofrequency neurotomy is also called facet rhizotomy, radiofrequency medial branch neurotomy, or radiofrequency ablation (RFA). ACOEM 3rd Edition (2011) indicates that radiofrequency neurotomy and facet rhizotomy are not recommended. ACOEM 3rd Edition (2011) indicates that radiofrequency neurotomy, neurotomy, and facet rhizotomy is not recommended. ACOEM 3rd Edition (2011) indicates that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. The primary treating physician's progress report dated March 25, 2015 documented chronic low back pain related to history of post lumbar laminectomy syndrome. She has undergone seven lumbar surgeries, including lumbar fusion. Microscopic discectomy, posterior fusion L4-S1, hardware removal, anterior fusion L4-S1, and bilateral hip stripping were noted. Lumbosacral spondylosis and postlaminectomy syndrome lumbar region were noted. CT computed tomography dated 7/11/14 showed scoliosis which is contributing to recess foraminal stenosis as a result of bony involvement contributed to by severe facet arthropathy above the levels of fusion. For diagnostic and therapeutic purposes, a MBB medial branch block was

requested. ACOEM 2nd Edition (2004) Chapter 12 Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) indicates that facet joint injections are not recommended. MTUS, ACOEM, and ODG guidelines do not support the request for medial branch block. Therefore, the request for medial branch block is not medically necessary.

### **1 Prescription of Prilosec 20mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The primary treating physician's progress report dated March 25, 2015 documented chronic low back pain status post seven lumbar surgeries.

Medical records indicate the long-term use of NSAIDs, which is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Prilosec (Omeprazole). Therefore, the request for Prilosec is medically necessary.

### **1 Prescription of Naproxen 550mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Analgesic/anti-inflammatory.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for low back conditions. The primary treating physician's progress report dated March 25, 2015 documented chronic low back pain related to history of post lumbar laminectomy syndrome. She has undergone seven lumbar surgeries, including lumbar fusion. Microscopic discectomy, posterior fusion L4-S1, hardware removal, anterior fusion L4-S1, and bilateral hip stripping were noted. Lumbosacral spondylosis and postlaminectomy syndrome lumbar region were noted. CT computed tomography dated 7/11/14 showed scoliosis which is contributing to recess foraminal stenosis as a result of bony involvement contributed to by severe facet arthropathy above the levels of fusion. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. ACOEM guidelines supports the use of the NSAID Naproxen. Therefore, the request for Naproxen is medically necessary.