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James A Kim MD

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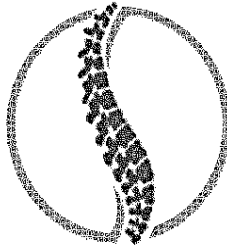
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From James A. Kim, MD

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11/6/2023 12:35:29 PST

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PAIN & WELLNESS CENTERS OF SOUTHERN CALIFORNIA

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James A. Kim, M.D.
Medical Director
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REQUEST FOR AUTHORIZATION FACSIMILE COVER SHEET

TO: Amber Burke FROM: Samuel Jackson

COMPANY: INTERCARE DATE: 11/06/2023 12:31 PM

FAX NUMBER: 714-245-4734 TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER: 888-558-7478 x 4438 SENDER'S PHONE 949-566-8688
NUMBER:

RE: Carlos Benavides SENDER'S FAX 949-566-8656
CL#: 16649165 NUMBER:

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

For Date of Service: Nov 03, 2023

Request for Authorization for Medical Treatment form attached. Please process as quickly as possible.

Thank you.

cc:

The document accompanying this transmission contains confidential health care information that is legally privileged. This information is intended for the individual or entity above. The authorized recipient of this information is required to destroy the information after its stated need has been fulfilled. If you have received this transmission in error, please contact the sender immediately.

Transmission Date and Time: 11/06/2023 12:31 PM

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input type="checkbox"/> New Request Date of Service: Nov 03, 2023 <input checked="" type="checkbox"/> Resubmission - Change in Material Facts <input type="checkbox"/> Expedited Review: Check box if employee faces an imminent and serious threat to his or her health <input type="checkbox"/> Check box if request is a written confirmation of a prior oral request				
Employee Information				
Name (Last, First, Middle): Benavides, Carlos				
Date of Injury (MM/DD/YYYY): 11/13/2016			Date of Birth (MM/DD/YYYY): 06/28/1963	
Claim Number: 16649165			Employer: National Retail System, Inc	
Requesting Physician Information				
Name: James Kim, M.D.				
Practice Name: James A Kim MD A Professional Medical Corp. - SA			Contact Name: Samuel Jackson	
Address: 801 North Tustin Ave, Suite 507			City: Santa Ana	State: CA
Zip Code: 927053605	Phone: 949-566-8688		Fax Number: 949-566-8656	
Specialty: PAIN MANAGEMENT			NPI Number: 1720249691	
E-mail Address: rfa.painandwellness@gmail.com				
Claims Administrator Information				
Company Name: INTERCARE			Contact Name: Amber Burke	
Address: PO Box 4387			City: Glendale	State: CA
Zip Code: 91222	Phone: 888-558-7478 x 4438		Fax Number: 714-245-4734	
E-mail Address: amber.burke@tristargroup.net				
Requested Treatment (see instructions for guidance; attach additional pages if necessary)				
List each specific requested medical service, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration, Quantity, etc.)
Intervertebral disc disorders with myelopathy, lumbar region, Lumbago with sciatica, right side, Other intervertebral disc displacement, lumbar region, Panniculitis affecting regions of neck and back, sacral and sacrococcygeal region, Spondylolisthesis, site unspecified, Spinal stenosis, lumbar region	M51.06, M54.41, M51.26, M54.08, M43.10, M48.061, M54.16, M46.96, M54.40	Authorization Appeal For Denied Medications Medications: Lidocaine 5% patch and tegaderm. Lidocaine 5% patch: q12h on 12h off prn pain #30 Tegaderm adhesive dressing: Refill as prescribed today 4' x4 3/4" film apply over patch as needed #60.		

without neurogenic claudication, Radiculopathy, lumbar region, Unspecified inflammatory spondylopathy, lumbar region, Lumbago with sciatica, unspecified side				
				
Requesting Physician Signature:		Date: 11/06/2023		
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):		Date:		
Authorized Agent Name:		Signature:		
Phone:	Fax Number:	E-mail Address:		
Comments:				

DWC Form RFA (Effective 2/2014)

This is a request for authorization for the attached California Worker's Compensation patient. Pursuant to Chapter 4.5. Division of Workers' Compensation Subchapter 1. Article 5.5.1. Utilization Review Standards, a response to this request must be made within 5 days of receipt (4). Acceptable responses are determined by the guidelines (F1) to be 1. approval; 2. a request for additional information, testing or special counsel; or 3) denial. This message has been timestamped, and receipt has been recorded. If a response is not made within 5 days of receipt, the patient's care will be considered delayed; as such the service requested will be determined authorized, scheduled and performed (B). A subsequent follow-up will not be made to this request.

§9792.9.1. Utilization Review Standards

(4) Upon receipt of the information requested pursuant to subdivisions (f)(1)(A), (B), or (C), the claims administrator or reviewer, for prospective or concurrent review, shall make the decision to approve, modify, or deny the request for authorization within five (5) business days of receipt of the information. The requesting physician shall be notified by telephone, facsimile or electronic mail within 24 hours of making the decision

(1) For purposes of this section, the DWC Form RFA shall be deemed to have been received by the claims administrator or its utilization review organization by facsimile or by electronic mail on the date the form was received if the receiving facsimile or electronic mail address electronically date stamps the transmission when received. If there is no electronically stamped date recorded, then the date the form was transmitted shall be deemed to be the date the form was received by the claims administrator or the claims administrator's utilization review organization.

(C) In the absence of documentation of receipt, evidence of mailing, or a dated return receipt, the DWC Form RFA shall be deemed to have been received by the claims administrator five days after the latest date the sender wrote on the document.

(1) If the claims administrator disputes liability under this subdivision, it may, no later than five (5) business days from receipt of the DWC Form RFA, issue a written decision deferring utilization review of the requested treatment unless the requesting physician has been previously notified under this subdivision of a dispute over liability and an explanation for the deferral of utilization review for a specific course of treatment.

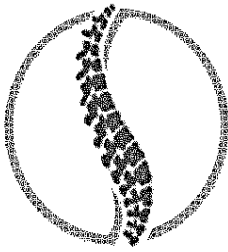
(F1) The timeframe for decisions specified in subdivision (c) may only be extended under one or more of the following circumstances:

(A) The claims administrator or reviewer is not in receipt of all of the information reasonably necessary to make a determination

(B) The reviewer has asked that an additional examination or test be performed upon the injured worker that is reasonable and consistent with professionally recognized standards of medical practice

(C) The reviewer needs a specialized consultation and review of medical information by an expert reviewer.

(B) If any of the circumstances set forth in subdivisions (f)(1)(B) or (C) are deemed to apply following the receipt of a DWC Form RFA or accepted request for authorization, the reviewer shall within five (5) business days from the date of receipt of the request for authorization notify the requesting physician, the injured worker, and if the injured worker is represented by counsel, the injured worker's attorney in writing, that the reviewer cannot make a decision within the required timeframe, and request, as applicable, the additional examinations or tests required, or the specialty of the expert reviewer to be consulted. The reviewer shall also notify the requesting physician, the injured worker, and if the injured worker is represented by counsel, the injured worker's attorney of the anticipated date on which a decision will be rendered.



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"I declare under penalty of perjury that the information accurately described the information provided to me and except as noted herein that I believe it to be true. I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient, the preparation of the report or the dictation of any procedure."

James Kim, M.D.
California License Number#: A109521

Provider:
Performing: Torrence Puck, PA-C
Supervising: James Kim, M.D.

Encounter Date: Nov 03, 2023
Patient: Benavides, Carlos (1252)
Sex: Male
DOB: Jun 28, 1963 Age: 60 Year
Address: 25910 Calle Fuego, Moreno Valley CA 92551 Pref. Phone(C): 213-819-6333

Insurance:
INTERCARE (PP) Insurance ID: 16649165

Description: L/S
Injury Date: 11/13/2016
Employer: National Retail System, Inc
Insurance: INTERCARE Insurance ID: 16649165
Claim No: 16649165

Introduction:
The patient was seen in our telemedicine consultation platform. The patient consented to telehealth medical services being provided virtually via FaceTime (video & audio).

INDICATION FOR A NARRATIVE REPORT:

Indications for submitting this report include: **periodic report, request for authorization and authorization appeal.**

Mr. Benavides is a 60 year old male. He is here for a follow-up visit today. He is a worker's comp patient and is status post a 'work related injury'. The injury occurred in the course of his usual work duties.

Dr. Kim is the designated Primary Treating Physician.

Description of Injury:

INJURY/ACCIDENT DESCRIPTION:

The patient reports that on Nov 13, 2016 he sustained a work related injury to the lower back non-radiating.

Current work duties::

The patient is/was employed by National Retail Inc. The patient described the physical demands of his job as very heavy (VERY HEAVY: Exerts in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects).

The patient performs/performed the following activities at work: standing, lifting, bending/stooping and pushing/pulling.

The amount of time spent performing specific activities are as follows: standing constantly (6-8 hrs) lifting frequently (3-6 hrs) sitting frequently (3-6 hrs) walking constantly (6-8 hrs).

Patient says he was dropping and hooking trailers. And at the time one of the handles were stuck so he used both hands to push it and strained his back immensely.

RR/Complaint/IH:

RECORD REVIEW: A review of records was conducted Sep 3, 2020.

Included Records: Records included CURES Report, diagnostic studies, evaluation reports, MRI lumbar spine and PTP notes.

The review totalled 32 minutes of my time.

Dr. name/types of reports: Dr. Moshe Wilker. Reports reviewed include diagnostic studies, evaluation reports, lumbar spine MRI and primary treating physician reports. Recommended continue pain mgmt. Recommended interventional pain procedures: epidural steroid injections. I am in agreement with the findings and recommendations. Findings were discussed with the patient.

SUBJECTIVE COMPLAINTS:

Mr. Benavides reports the following complaints:

Low back pain: The low back pain is constant. The pain radiates to the right lower extremity. The pain radiates down to right thigh(s). The patient's pain is accompanied by constant tingling. The patient described the pain as aching, sharp, pins and needles, stabbing and lots of pressure with mild severity. The pain is aggravated by bending and lifting. The patient states his sleep disturbance is moderate. The patient denies bowel and bladder dysfunction.

Complaint Details:

Pain scale w/meds: 0-1/10. Pain scale w/o meds: 3/10.

Pain level is usually a 1-2/10. Severe pain level: 3/10. Pain level today is 4-5/10.

Pain recent change is increased.

Alleviating factors: taking medications.

ACTIVITIES OF DAILY LIVING LIMITATION: The patient reports ongoing activity of daily living limitations in the following areas due to pain:

Pain Impact on Function: Interference with activities of daily living due to pain over the past month is rated as 6 (on a scale of 1 to 10 where '0' is no interference and '10' is unable to carry on any activities).

The above pain intensity and pain interference scales are adapted from Guidelines for Prescribing Controlled Substances for Pain- Appendix 9" (Medical Board of California 2014). "Based on prior research, the interpretation of scores on these items are as follows: Average/Usual Pain Intensity 1-4 (mild), 5-6 (moderate), and 7-10 (severe). Pain-related interference with activities 1-3 (mild), 4-6 (moderate), and 7-10 (severe). Although pain intensity and pain-related interference with activities are highly correlated and tend to change together, it is recommended that change over time be tracked for pain intensity and pain-related interference with activities separately when using these two items. For an individual patient, a reduction in pain intensity and improvement in pain-related interference with activities of two points is considered moderate but clinically significant improvement".

Activities of daily living limitation include: activity, ambulation, sleep normally and travel.

INTERVAL HISTORY:

The patient is status post Facet Radiofrequency lumbar L4-S1. The procedure took place on Apr 29, 2022. Post procedure the patient reports good relief (50% -75%). The patient reports improvement in the following: functions including driving and working, decreased medication requirements and mobility. The duration of improvement is continuing at this time.

The patient is a status post Facet Radiofrequency lumbar bilateral L4-S1. The procedure took place on Apr 30, 2021. Post procedure the patient reports good relief (50% -75%). The patient reports improvement in functions including exercising at home, sleeping, walking and working decreased medication requirements mobility sleep quality and duration Duration: 9 months.

The patient reports that the use of anti-seizure class, muscle relaxant, NSAID, topical analgesic medication is helpful by 30%.

The patient reports Areas of functional improvement include sleeping, standing, walking and working. The patient reports his quality of life has been improved as a result of the above treatment. Mr. Benavides wishes to continue this therapy based on his decreased pain, his improved quality of life and his increased level of function.

Mr. Benavides has signed his opiate agreement pain contract and has been compliant.

Patient referred to us due to surgery being denied x 3 by Dr. Wilker's office.

Pt had good benefit from MBNB.

Pt able to work and drive better.

10/29/20 - Pt had good benefit from MBNB, starting to wear off
Cyclobenzaprine and lidocaine denied, flurbiprofen approved

Pt currently having acute L/S spasms, numbness/tingling down R leg, meds beneficial, difficulty sitting, walking and sleeping

Pt will alter sleep habits and try to change bedding

Pt considering repeat MBNB or rhizotomy prn pain

11/25/20 - patient states MBNB worn off now, pt requesting repeat injection, patient reluctant to proceed with RFL

12/23/20 - MBNB approval pending, pt having acute flare ups in the morning, continuing home exercises and walks

1/20/21 - MBNB approval pending, pt continuing to have acute flare ups in the morning, will request RFL as previous MBNB provided at least 80% relief for 2 months and allowed patient to function better at work, pt had urgent care visit

1/16/21, recommended f/u with PCP for CT scan findings, we will continue to treat for pain

2/17/21 - MBNB provided at least 80% relief with axial pain mainly and mild pain toward thighs to knees which are consistent with facet mediated pain, pt is a truck driver and seated for hours at a time with worsening pain and flare ups, flexeril denied and was recommended tizanidine

3/17/21 - pt still having axial back pain but RFL denied saying that pt is having radicular pain

4/15/21 - RFL approved and scheduled, pt still having lumbar spasms and flare ups with good relief and functional benefits from medications, lidocaine patches helping greatly. Will consider tapering flexeril after RFL pending decreased acute on chronic flare-ups/spams

8/20/21 - Pt had 3.5 months of good pain relief following RFL. Pt reports baseline pain returned 1.5 weeks ago with pin and needling feeling down right thigh. Will request repeat RFL. Pt continues to work as a driver and reports occasional muscle spasms. Will refill meds.

9/17/21 - s/p RFL had good benefit with decreased pain levels, increased ROM and exercise tolerance and able to work/drive with limited pain or restrictions. Pt reports RFL benefit had worn off early this month and is now experiencing similar symptoms prior to ablation with increased numbness/tingling and pain. Will trial low-dose gabapentin and appeal RFL.

10/15/21 - IMR denied flexeril and lidocaine patch. UR denied RFL d/t <6 mo since last ablation (4/30/21) - plan to request next month if pain continues. Pt will continue to monitor pain level. Pt reports back pain worse in mornings. Pt reports mainly Right leg pain during the day. Pt using icy hot spray with good temporary relief. Will trial Biofreeze and increase gabapentin from 100mg to 300mg qhs for neuropathic pain.

11/12/21 - Pt continues to have back pain - will request RFL. Pt reports gabapentin has reduced right leg by at least 60%. Biofreeze gel pending auth.

12/10/21 - patient still doing better since RFL but is considering repeat procedure. meds are helpful with function, pt is doing well with regimen.

1/7/22 - patient is still doing well in the lower back, patient doesn't need repeat RFL. patient encouraged to be active and walking.

2/4/22 - Pt notes increasing pain in low back especially getting in and out of trucks at work. Last RFL was helpful for 9 months. Pt takes gabapentin prn severe pain, about 3-4x/week at night. Flurbiprofen, biofreeze and lidocaine patch is very helpful; bring pain from 5/10 to 1/10. Will appeal denial for biofreeze and lidocaine patches.

3/11/22 - pt is approved for repeat RFL, scheduled for next week, pt requests refill meds, pt is appreciative, last RFL lasted 9 months!

4/8/22 - patient is scheduled for repeat RFL 4/15/22 - patient continues with med mgmt with benefit, patches are helpful.

5/6/22 - s/p L4/S1 RFL with excellent benefit, pain levels now 0-1/10. Pt taking less meds, only requires lidocaine patches after sitting in truck after 11hr shift while driving for work

6/3/22 - pt continues to get very good benefit s/p RFL, pain rated 0-1/10. Lidocaine patches beneficial, will refill today.

7/15/22 - RFL continues to provide benefit. Lidocaine patches helpful prn pain. Pt notes patches fall off after an hour at work. Will trial tegaderm patches to help keep patches on.

8/19/22 - Pt notes occasional flares that are manageable with lidocaine patches prn. Pt states pain gets up to 3/10 and lidocaine brings pain down to 0-1/10 and is able to improve ability work. Pt prefers not to take oral meds at this time.

9/30/22 - pt continues to get good benefit from RFL; pain on average continues to be 1-2. Pt reports continued difficulty obtaining lidocaine patches. Pt reports that the patches are very helpful prn flares of elevated pain and improves his ability to work and not need to take oral meds; will appeal and refill.

11/11/22 - patient continues with good benefit from RFL - still working for him. pt cont with lidocaine patches. pt using meds with benefit.

12/23/22 - RFL still beneficial. Pt continues lidocaine patches prn flares and reports that it helps him keep working and tolerate his long drives and a truck driver. Will refill.

2/3/23 - Pt unsure how to use tegaderm. Instructed pt how to use it with lidocaine patches. Pt plans to trial this month.

3/24/23 - pt is still benefiting from RFL ablation, pt is appreciative of his care. pt cont with med mgmt taking less and as needed now, using lidocaine patches, pt cont to be working, states tegaderm is helpful keeping patches on.

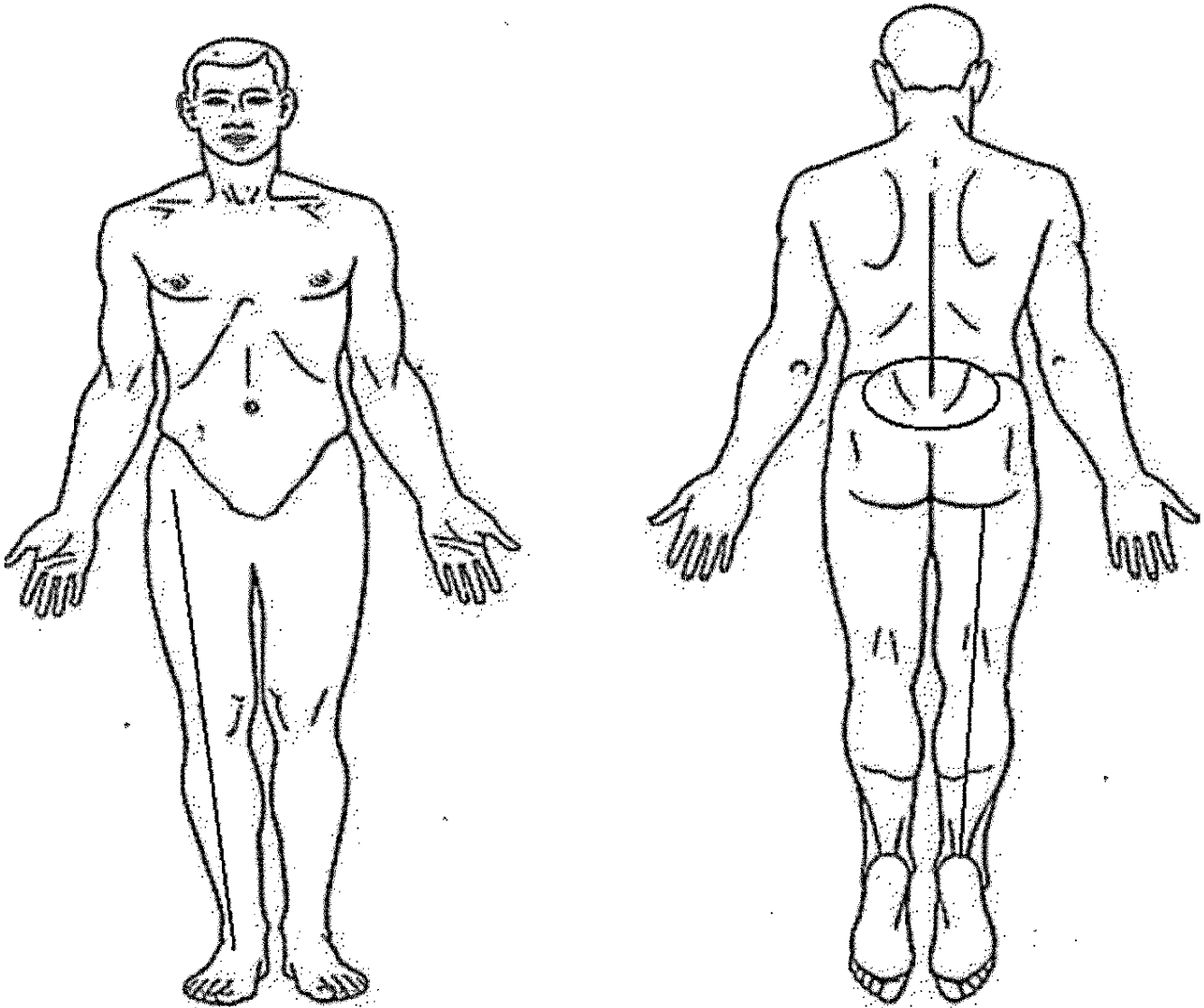
5/8/23 - continue relief from RFL ablation. request refill on lidocaine patches, will refill.

6/26/23 - Pt continues to benefit from RFL ablation and finds lidocaine patches helpful to continue working and tolerate his long drives as a truck driver; also reduces pt's need for oral pain meds. Pt encouraged to continue HEP and stretches. Pt requests refills.

8/7/23 - Pt has good benefit from injection. continues to drive for work 9-11 hrs/5 days a week. lidocaine patches continue to be denied, will appeal as patient report good improvement and longer lasting pain relief with lidocaine patch use and gabapentin. will refill meds today.

9/22/23 - pt reports increased flare of low back for last two weeks. Pt wants to continue conservative treatment at this time. Pt encouraged to continue HEP. Pt requests refill of lidocaine patches which is helpful for pt to continue to work as truck driver. Consider repeat RFL ablation if pain increases.

11/03/23 - Pt reports his L/S pain is worsening. He would like to repeat RFL but it has been over 1 year since last procedure. Will request MBB and can consider RFL if short lived improvement from MBB. Last MRI to L/S was over 1 year ago. Will request repeat imaging to assess for progression of L/S pain. Pt states ibuprofen 800mg has been helpful for his pain. Will switch flurbiprofen to ibuprofen. Continue med management. Will refill other meds.



The frequency of pain is worse in the morning.

The patient describes the pain as aching and patient states he feels he was punched in the back, lots of pressure.

The associated symptoms are awakening from sleep.

Activities that aggravates the pain include lifting objects, standing for long periods and walking long distances.

Activities that relieve pain include rest.

Limitations due to pain:

Difficulty getting up from chair.

Difficulty walking.

Prior Injuries/Accidents:

The patient denies any prior accidents or injuries.

Medical History:

Patient has no past medical history and is healthy.

Patient has an orthopedic history of epidural spine injections.

Surgical History:

The patient's surgical history includes Gallbladder Removal.

Patient denies any previous orthopedic surgeries.

No history of anesthesia complications.

Family History:

Patient's family history is noncontributory.

Social History:

Smoking: Patient denies smoking in the past or currently.

Alcohol: He doesn't drink alcohol.

Recreational Drug Use: He denies recreational drug use.

Marital Status: Patient is married.

Exercise: Exercises few times a month.

Activities & Hobbies: No interest in hobbies or other activities.

Activities of Daily Living: Patient is incapable of performing any ADL.

Work status: Mr. Benavides is currently employed.

Disability: Patient is receiving disability payments.

Allergy:

No Known Drug Allergies

Current Medication:

1 Cyclobenzaprine 10 Mg Tablet SIG: Take 1 tablet(s) by mouth daily as needed for spasm

2 Flurbiprofen 100 Mg Tablet SIG: Take 1 tablet(s) by mouth twice a day as needed for pain

3 Biofreeze 4% Gel SIG: Apply tid prn pain

4 Gabapentin 300 Mg Capsule SIG: Take 1 capsule by mouth everyday at bedtime

5 Tegaderm 4" X 4-3/4" Dressing 4 X 4 3/4 SIG: Apply over patch as needed

6 Lidocaine 5% Patch SIG: Apply 1 patch q12h as needed for pain

Prior Pain Treatments:**PRIOR PAIN TREATMENTS:**

The patient has completed MRI.

Epidural steroid injections - Helpful.

Injections: median branch nerve block - Helpful.

Chiropractor: Failed.

Heat/ice treatment: Limited benefit.

Home Exercises: in the past 6 months, Limited Benefit.

Physical Therapy: previously provided Failed for greater than 6 weeks, Limited benefit.

ROS:

General: (-) fever, (-) chills, (-) night sweats, (-) fatigue, (-) changes in appetite or weight.

Musculoskeletal: (-) ankle swelling, (-) arthralgias, (-) crepitus, (-) deformity, (-) difficulty walking, (-) joint swelling, (-) atrophy, (+) numbness, (+) pain (back), (+) stiffness, (-) weakness.

Skin: (-) hives, (-) rash, (-) infection, (-) jaundice.

HEENT: (-) headache, (-) blurred vision, (-) deafness, (-) dizziness, (-) dry mouth, (-) vertigo, (-) wears glasses.

Respiratory: (-) cough, (-) hemoptysis, (-) shortness of breath.

Cardiac: (-) chest pain, (-) edema, (-) high blood pressure, (-) irregular heartbeat, (-) palpitations, (-) shortness of breath.

Gastrointestinal: (-) change in appetite, (-) abdominal pain, (-) change in bowel habits, (-) constipation, (-) diarrhea, (-) nausea, (-) vomiting, (-) fecal incontinence.

Genitourinary: (-) change in urinary habit, (-) frequency, (-) hematuria, (-) incontinence, (-) infection, (-) kidney stones.

Neurology: (-) dizziness, (-) incoordination, (-) involuntary movement, (-) memory loss, (-) numbness, (-) seizures, (-) syncope, (-) tingling, (-) tremor, (-) weakness.

Endocrine: (-) diabetes, (-) thyroid problem.

Hematologic/Lymphatic: (-) excessive bleeding, (-) excessive bruising.

Allergy/Immunologic: (-) environmental allergies, (-) immunosuppression, (-) HIV/AIDS.

Psychiatric: (-) anxiety, (-) depression, (-) SI / HI.

Sleep Quality: Poor.

Physical Exam:

The patient's physical exam is unchanged from his last visit.

This patient was seen via telemedicine so limited physical exam was performed today.

Observation: The patient was noted to be oriented to person, place and time. The patient was observed to be slightly to moderately distressed.

Lumbar Levels:

There is tenderness noted upon palpation at paravertebral muscles on the right side (R>L) The range of motion of the lumbar spine was slightly to moderately limited. There is pain with flexion, extension and rotation to the left and right.

Lab/Diagnostic Studies:

DIAGNOSTIC STUDIES/IMAGING:

Lumbar MRI:

Lumbar Spine MRI, Date: Jul 14, 2020.

Impression 1. 5mm Mild degenerative changes of the lumbar spine. No significant central canal or foraminal stenosis is noted at any level. No osseous lesion is seen.

MRI Lumbar Spine w/o Contrast, Date: September 11, 2017. Impression: (1) Straightening of the lumbar lordosis with diffuse disc desiccation and scattered marginal osteophytes. (2) Bilateral facet hypertrophy noted at L5-S1. There is 3.5 mm right posterolateral disc protrusion with mild right foraminal narrowing. There are some adjacent endplate marrow changes. (3) Posterior central annular tear is noted at L4-L5. There is 1 mm posterior broad based disc protrusion with mild bilateral foraminal narrowing. (4) 2 mm posterior broad based disc protrusion with mild bilateral foraminal narrowing at L2-L3. (5) 1.5 mm posterior broad based disc

protrusion with mild bilateral foraminal narrowing at L1-L2. There are bilateral posterolateral annular tears noted.

Other:

CT Scan Abdomen and Pelvis w/o contrast Date: 01/14/2021 Impression:

1. Diffuse low-attenuation is seen throughout the liver as in findings, most compatible with fatty infiltration. Clinical correlation and follow-up are recommended as clinically directed
2. The prostate gland is at the upper limits of normal in size with internal calcifications
3. Small bilateral, right greater than left, fat-containing inguinal hernia
4. Status post cholecystectomy.
5. Minimal atherosclerosis is seen as above, including calcification within the right coronary artery territory, incompletely evaluated. Clinical correlation is recommended
6. Otherwise unremarkable non contrast CT scan of the abdomen and pelvis as in findings.

Diagnosis:

- M51.06 Intervertebral disc disorders with myelopathy, lumbar region
- M54.41 Lumbago with sciatica, right side
- M51.26 Other intervertebral disc displacement, lumbar region
- M54.08 Panniculitis affecting regions of neck and back, sacral and sacrococcygeal region
- M43.10 Spondylolisthesis, site unspecified
- M46.96 Unspecified inflammatory spondylopathy, lumbar region
- M48.061 Spinal stenosis, lumbar region without neurogenic claudication
- M54.16 Radiculopathy, lumbar region
- M54.40 Lumbago with sciatica, unspecified side

Tx/Discuss/Work:**WORK STATUS:**

Mr. Benavides is working without any restrictions.

DIAGNOSES (ICD-10):

Lumbar: Radiculitis (M54.16), Disc displacement (M51.26), Disc Disorder with Myelopathy (M51.06), Lumbar Facet Arthropathy (M46.96) (M54.08), Spinal stenosis (M48.06), Lumbar Spondylolisthesis (M43.10) and Lumbago (M54.40).

TREATMENT PLAN: Treatment recommendations at this time are as follows:

Procedure Request:

MBB/facets (Lumbar) 64493(1st),64494(2nd),64495(3rd) Level, 77003: Bilateral: L4-S1 (via fluoroscopic guidance) is being requested as a diagnostic trial to determine the origin of the patient's pain.

Mr. Benavides has chronic pain which is believed to be facet mediated. The prevalence of facet joint pain in chronic spinal pain in cervical, thoracic, and lumbar regions is respectively 55%, 42%, and 31% (BMC Musculoskeletal Disorders, 2004, 5:15)

The diagnostic median branch nerve block will be useful in clarifying the diagnosis to develop a more definitive treatment plan which may include a facet rhizotomy. There is evidence that radio-frequency neurotomy (facet rhizotomy) can be effective in relieving or reducing lumbar facet joint pain in patients who have had a positive response to diagnostic lumbar medial branch nerve blocks. If patient receives at least 50% benefit for at least 6 weeks from injection, patient should be eligible to receive repeat therapeutic injections.

California MTUS guidelines were updated December 2017. MTUS Chronic Pain Guidelines state: "Facet blocks Recommend no more than one therapeutic intra-articular lumbar block when facet joint pain is suspected, but not cervical blocks. Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, but not recommend medial branch blocks except as a diagnostic tool. Not recommend a multiple series of facet joint injections. Not recommend thoracic facet joint injections. Refer to the MTUS Low Back Complaints and Neck and Upper Back Complaints for detailed information."

The MTUS chronic pain guidelines further direct the reader to the low back, neck, and upper back complaints section. The low back complaints section distinguishes the facet injections as "facet joint" injections versus "median branch nerve" blocks. The MTUS low back complaints section (ACOEM Low Back Disorders, page 484) states that facet joint injections are not indicated for acute, subacute, chronic pain or radicular pain syndromes. However, median branch nerve blocks are not indicated for only acute or subacute low back pain, or radicular pain syndromes. (There appears to be inconsistency between the Low Back Complaints section with the above Chronic Pain section). Regarding specifically median branch nerve blocks specifically for chronic low back pain the MTUS/ ACOEM is silent. We are therefore basing our treatment recommendation on ODG and ASIPP guidelines, by which Mr. Benavides meets criteria for a diagnostic median branch nerve block.

The use of lumbar medial branch nerve blocks in the diagnosis of facet joint pain is supported by the American Society of Interventional Pain Physicians (Interventional Techniques in the Management of Chronic Spinal Pain: Evidence-Based Practice Guidelines, Pain Physician, updated April 2013). Lumbar medial branch nerve blocks, as a diagnostic tool, are also included in the National Guideline Clearinghouse (NGC: 004040; 004173; 004706).

The procedure and risks were discussed with the patient, including but not limited to infection, bleeding, neurological complications, side effects from medications, and no change or worsening of pain. The patient indicates understanding and wishes to proceed with the recommended treatment approach. The patient was given written information about the procedure and all questions were answered.

The patient will undergo a lumbar medial branch nerve block then be seen for follow-up reevaluation. The patient will be asked to keep a pain log, which will be reviewed during the follow-up office visit. If the patient is able to achieve a positive and significant response to the nerve block, as documented by an 80% or greater reduction in pain, then a facet rhizotomy may be considered.

Informed Consent: I, the undersigned physician, hereby certify that I have explained to the patient and/or his agent the benefits, potential discomforts, risks, and alternatives to the recommended procedure. I have also explained that they may refuse to participate and that their refusal will not compromise their access to medical services.

Conservative Treatment:

Home Exercise Program: Continue on-going home exercise program. An on-going home exercise educational program was initiated on a prior office visit. Today's re-evaluation assessed the patient's progress along with the recommendation to continue with the home exercise program.

The current California DWC MTUS Guidelines - Chronic pain, recommends the prescription of exercise. The exercise program should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006). Progressive walking, strength straining and stretching improved functional status, self-efficacy and other key symptoms in fibromyalgia patients. (Rooks, 2007). Physical conditioning in chronic pain patients can have immediate and long term benefits (Burleson, 2008). Pool or aquatherapy have been effective and is highly recommended in fibromyalgia patients. This was found to be the cost-effective in health and society costs. (Gusi, 2008).

Heat & Ice Therapy: Educated patient regarding application of heat and/or ice to provide subjective relief.

Stretches & Dynamic exercise: Educated patient regarding the benefits of exercises and stretches.

Diagnostic Requests: MRI Request: MRI Request lumbar spine without contrast is being requested to further evaluate the patient's persistent pain and symptoms. (functional impairment is present).

Follow Up: The patient will follow up for an appointment in 1 month and

The patient is awaiting for a procedure pending authorization under local anesthesia in office procedure in Santa Ana office.

Additional Treatment Recommendations: consider repeat MBNB or rhizotomy prn worsening pain.

Authorization Appeal For Denied Medications Medications: Lidocaine 5% patch and tegaderm.

Patient's problem(s) includes low back pain.

Diagnostic Findings: MRI (lumbar) - shows disc degeneration.

Discussion: discussion points (Pt is a driver and drives 9-11 hours a day, 5 days a week. Lidocaine patches offer him longer lasting relief. Pt has good relief from lidocaine patches in the past. This allows him to continue his work and have better participation in daily activities. Lidocaine patches offer patient less GI side effects and promotes longer lasting pain relief so he can participate in enjoyable activities and continue to work as a driver. Tegaderm dressing helps the lidocaine patches stay on pt's body longer to promote full effect of lidocaine medication).

MTUS can be challenged. ODG is not to be an inflexible prescription.

Medication Appeal:

Lidocaine patches: Lidocaine Patches for chronic persistent pain. Lidocaine patches are recommended by MTUS guidelines for treatment of chronic persistent pain when there is localized pain amenable to topical treatment. This patient has failed NSAIDs, therapeutic exercise, tricyclic antidepressants, anti-convulsants and topical NSAIDs. Further, MTUS recommends usually 3 patches per day with duration of indefinite treatment.

pt able to reduce oral med use and tolerate work activities with use of lidocaine patches prn flares during long drives as truck driver.

Treatment Appealed (RFA): Since the patient has had considerable persistent pain with negative impact on function, and has failed more conservative treatment, I do believe he should be authorized for treatment as requested:

Appeal Medication Denial:

Lidocaine 5% patch: q12h on 12h off prn pain #30

Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). California DWC MTUS Guidelines- Chronic Pain Section (8 C.C.R. §§9792.20 - 9792.26). This patient has had a trial of lidocaine 5% patch and reports it has been effective in significantly reducing pain and improving function.

Other: tegaderm.

Medications: The patient is being prescribed medications as listed below including instructions for use for the above-mentioned diagnosis. The patient was counseled as to the benefits and potential side effects of the prescribed medications. The risks included but are not limited to sleepiness or drowsiness, constipation, nausea, itching, vomiting, dizziness, allergic reaction, slowing of breathing rate, slowing of reflexes or reaction time, physical dependence, tolerance, addiction, and possibility that the medicine will not provide complete relief. The patient was instructed to alert the prescribing physician if any of these, or any other symptom or side effect occurs. The patient was advised as to the dangers of using heavy equipment or a motor vehicle, working in unprotected heights or being responsible for another individual who is unable to care of him or herself. The patient was also advised about the possible synergistic effects of alcohol while taking medications. The patient understands that medication should not be abruptly discontinued or stopped without professional guidance.

Pursuant to 8 CCR Section 9792.27.3 MTUS Drug Formulary Transition rules, for date of injuries prior to 1-1-2018, medications not listed as exempt require authorization for a treatment plan that would outline the safe weaning or transition of the injured worker to exempt medications, or provide the medical justification to continue the injured worker on their current non-exempt, unlisted, or compounded medications. We have evaluated and discussed with Mr. Benavides MTUS Drug Formulary Transition goals for medication continuation, modification, weaning, tapering, transitioning, or discontinuation. NSAIDS discussion Muscle relaxant class medication provided for chronic muscle spasms.

Exempt Medication MTUS Flurbiprofen.

Currently prescribed medications: Renew as prescribed.

Biofreeze: Hold refills today 4% gel apply 2-3x/day prn

Biofreeze is a topical analgesic provided to this patient for pain control and to reduce total oral analgesic dose requirement.

Flexeril: Refill as prescribed today 10mg po qd prn spasm #30

Flexeril (Cyclobenzaprine) is a muscle relaxant prescribed for muscle spasm/musculoskeletal pain. ODG-DWC Worker's Compensation Drug Formulary has indicated under the status column (per ODG the most important column) that this drug is a preferred drug and is contained on the formulary.

Gabapentin: Refill as prescribed today 300mg po qhs prn pain #30

Gabapentin (Neurontin) is an anticonvulsant class medication used for management of chronic neuropathic pain in this patient. ODG-TWC Worker's Compensation Drug Formulary has indicated under the status column (per ODG the most important column) that this drug is a preferred drug and is contained on the formulary.

Lidocaine 5% patch: Refill as prescribed today q12h prn pain #30

Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). California DWC MTUS Guidelines- Chronic Pain Section (8 C.C.R. §§9792.20 - 9792.26). This patient has had a trial of lidocaine 5% patch and reports it has been effective in significantly reducing pain and improving function.

Tegaderm adhesive dressing: Refill as prescribed today 4' x4 3/4" film apply over patch as needed #60.

The following medications have been prescribed:**Ibuprofen: 800mg 1 tab po tid prn pain #90**

Ibuprofen (Motrin, Advil) is a nonsteroidal anti-inflammatory medication prescribed for pain and inflammation. ODG-TWC Worker's Compensation Drug Formulary has indicated under the status column (per ODG the most important column) that this drug is a preferred drug and is contained on the formulary.

Discontinue the following medication(s):

Flurbiprofen: Flurbiprofen is a nonsteroidal anti-inflammatory medication prescribed for pain and inflammation. It is included on the MTUS drug formulary as exempt from utilization review.

I personally performed the evaluation of the patient and discussed and/or confirmed the pertinent aspects of the history with the patient and/or by review of the available medical records (if any). I personally interviewed the patient and reviewed the medical records set forth in this report. I personally composed and drafted the conclusions of this report.

The evaluation performed and the time spent performing such evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of Section 139.2.

I dictated the report in draft form, which was then typed and reviewed by my transcription service to ensure completeness, proper spelling, grammar and sentence structure. Upon presentation to me of the final report, I thoroughly reviewed the document prior to affixing my signature unless I was unavailable and the report was urgently needed.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true and conform to IMC guidelines pursuant to Labor Code Section 5407.1.

Pursuant to Labor Code Section 5701 (a) (2), I hereby declare under penalty of perjury that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for the referral of this evaluation or consultation.

Thank you for allowing this office to participate in the care of Mr. Carlos Benavides.

Prescription:

1 Gabapentin 300 Mg Capsule SIG: Take 1 capsule(s) by mouth at bedtime prn pain QTY: 30.00

2 Ibuprofen 800 Mg Tablet SIG: Take 1 tab po tid prn pain QTY: 90.00

3 Lidocaine 5% Patch SIG: q12h prn pain QTY: 30.00

4 Cyclobenzaprine 10 Mg Tablet SIG: Take 1 tablet(s) by mouth daily as needed for spasm QTY: 30.00

5 Tegaderm 4" X 4-3/4" Dressing 4 X 4 3/4 SIG: Apply over patch as needed QTY: 60.00

Changed/Discontinued Medication(s):

Discontinued: LIDOCAINE 5% PATCH

Signed:



Torrence Puck, PA-C

Physician Assistant, Board Certified.



James A. Kim, M.D.

Diplomate, American Board of Anesthesiology

Diplomate, American Board of Anesthesiology-Pain Medicine

Qualified Medical Evaluator (Q.M.E.).

Followup:

4 Week(s) FOLLOW UP (WC)