

<b>Case Number:</b>	CM13-0009321		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/05/2010
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Maryland and Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old female who reported an injury on 10/05/2010. The patient's symptoms are noted as constant mid and low back pain with radiation down both of her lower extremities. The physical exam findings included tenderness to palpation of the lumbar spine, bilateral SI joints, the left lumbar facet joint, and the patient was very tender to palpation at the right lumbar facet joints at the levels of L4-5 and L5-S1. Other objective findings included that the patient's muscles were very stiff to palpation at the bilateral paraspinous area, there was decreased range of motion of the lumbar spine, and the left lower extremity had decreased motor strength at ankle flexion and knee flexion noted as 4/5. The patient's diagnoses are listed as mechanical low back pain, lumbar facet joint arthropathy, lumbar degenerative disc disease, probable right sacroiliitis, possible right L5 and S1 radiculitis, and myofascial pain syndrome. A request was noted for a diagnostic right L4, L5, and S1 medial branch nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 64442, Right L4-S1 Medial branch nerve block (Diagnostic) from 08/06/13 thru 08/06/13:**  
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), Treatment Index, 11th Edition (web), 2013, Low Back - Facet joint diagnostic injections; Facet joint pain, signs or symptoms.

**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, Facet joint diagnostic blocks (injections).

**Decision rationale:** Official Disability Guidelines state that facet joint diagnostic blocks are recommended at no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is an option for treatment. Criteria for the use of diagnostic blocks for facet pain include that the clinical presentation should be consistent with facet joint pain signs and symptoms, limited to patients with low back pain that is non-radicular and at no more than two (2) levels bilaterally, and there is documentation of failure of conservative treatment including home exercise, physical therapy, and nonsteroidal anti-inflammatories prior to the procedure for at least 4 to 6 weeks. The patient was shown to have signs and symptoms consistent with facet joint pain; however, the request is for blocks at 3 levels. There is not sufficient documentation to show failure of conservative treatment for at least 4 to 6 weeks, and the patient's symptoms do include low back pain with radiculopathy. Therefore, the criteria for facet joint diagnostic blocks have not been met. For this reason, the request is non-certified.

**1 64443, Right L4-S1 Medial branch nerve block (Diagnostic) from 08/06/13 thru 08/06/13:**  
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), Treatment Index, 11th Edition (web), 2013, Low Back - Facet joint diagnostic injections; Facet joint pain, signs or symptoms.

**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, Facet joint diagnostic blocks (injections).

**Decision rationale:** Official Disability Guidelines state that facet joint diagnostic blocks are recommended at no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chose as an option for treatment. It further states that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet pain include that the clinical presentation should be consistent with facet joint pain signs and symptoms, limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally, and there is documentation of failure of conservative treatment including home exercise, physical therapy, and nonsteroidal anti-inflammatories prior to the procedure for at least 4 to 6 weeks. The patient was shown to have signs and symptoms consistent with facet joint pain; however, the request is for blocks at 3 levels, there is not sufficient documentation to show failure of conservative treatment for at least 4 to 6 weeks, and the patient's symptoms do include low back pain with radiculopathy. Therefore, the criteria for facet joint diagnostic blocks have not been met. For this reason, the request is non-certified.

**1 76003, Right L4-S1 Medial Branch Nerve Block (Diagnostic) from 8/6/13 thru 8/6/13:**  
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), Treatment Index, 11th Edition (web), 2013, Low Back - Facet joint diagnostic injections; Facet joint pain, signs or symptoms.

**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, Facet joint diagnostic blocks (injections).

**Decision rationale:** Official Disability Guidelines state that facet joint diagnostic blocks are recommended at no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. It further states that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet pain include that the clinical presentation should be consistent with facet joint pain signs and symptoms, limited to patients with low back pain that is non-radicular and at no more than two (2) levels bilaterally, and there is documentation of failure of conservative treatment including home exercise, physical therapy, and nonsteroidal anti-inflammatories prior to the procedure for at least 4 to 6 weeks. The patient was shown to have signs and symptoms consistent with facet joint pain; however, the request is for blocks at 3 levels, there is not sufficient documentation to show failure of conservative treatment for at least 4 to 6 weeks, and the patient's symptoms do include low back pain with radiculopathy. Therefore, the criteria for facet joint diagnostic blocks have not been met. For this reason, the request is non-certified.