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| <b>Case Number:</b>   | CM13-0011126 |                              |            |
| <b>Date Assigned:</b> | 09/20/2013   | <b>Date of Injury:</b>       | 06/06/2003 |
| <b>Decision Date:</b> | 11/04/2014   | <b>UR Denial Date:</b>       | 08/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2013 |

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

According to the records made available for review, this is a 59-year-old male with a 6/6/03 date of injury. At the time (7/16/13) of request for authorization for Medial branch block, left L2, L3, L4, L5, there is documentation of subjective (low back with leg pain, neck pain with left arm pain, and right foot pain) and objective (decreased lumbar range of motion with tenderness and spasms over paralumbar muscles) findings, current diagnoses (thoracic/lumbosacral neuritis/radiculitis, lumbago, cervicalgia, and reflex sympathetic dystrophy lower limb), and treatment to date (epidural injection, trigger point injection, home exercises, and medications (including ongoing treatment with Celebrex)). Medical reports identify that radicular symptoms may have subsided with previous lumbar epidural injection. There is no documentation that low-back pain is non-radicular; low back pain that is no more than two levels bilaterally; no more than 2 joint levels to be injected in one session; and failure of additional conservative treatment (physical therapy) prior to the procedure of at least 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDIAL BRANCH BLOCK, LEFT L2, L3, L4, L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines- Medial Branch Blocks (MBBs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of thoracic/lumbosacral neuritis/radiculitis, lumbago, cervicgia, and reflex sympathetic dystrophy lower limb. In addition, there is documentation of failure of conservative treatment (home exercises and NSAIDs) prior to the procedure for at least 4-6 weeks. However, despite documentation that radicular symptoms may have subsided with previous lumbar epidural injection and given documentation of subjective (low back with leg pain) findings, there is no (clear) documentation that low-back pain is non-radicular. In addition, given documentation of a request for medial branch block at L2, L3, L4, L5 levels, there is no documentation of low back pain that is no more than two levels bilaterally; and no more than 2 joint levels to be injected in one session. Furthermore, there is no documentation of failure of additional conservative treatment (physical therapy) prior to the procedure of at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence, the request for for Medial branch block, left L2, L3, L4, L5 is not medically necessary.