

<b>Case Number:</b>	CM13-0013155		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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:

The patient has submitted a claim for low back pain with an industrial injury date of February 21, 2013. Treatment to date has included medications, physical therapy (with an unknown number of sessions), and a home exercise program, which was reported to provide no improvement in pain and function. Medical records from 2013 through 2014 were reviewed, the latest of which was a medical report dated February 27, 2014, which showed that the patient complained of constant low back pain, 8-10/10, aggravated by walking, sitting, and sleeping. Patient denies radicular pain or paresthesia in the lower extremities. On an ADL questionnaire, the patient reported slight difficulty in brushing his teeth, dressing himself, combing his hair, eating, drinking, and keyboarding. He also reported moderate difficulty in taking a bath, going to the toilet, standing, sitting, walking, climbing the stairs, opening the windows, having sex, and sleeping restfully. On physical examination, low back pain was increased with skin rolling and gentle rotation of the entire pelvis. No spasm in the upper, mid, and low back muscles was noted. Spine examination showed slight left thoracic scoliotic deformity. There was tenderness to palpation over the spinous processes from T12 down to the sacrum. No sacroiliac joint tenderness appreciated. There was increase in low back pain with trunk lateral bending, backward extension, and forward flexion. No radicular symptoms were noted. There were absent deep tendon reflexes at the knees and ankles, bilaterally. No sensorimotor deficits were noted bilaterally for the lower extremities. The patient resisted straight leg raise at 65 degrees due to hamstring tightness and low back pain without radicular symptoms. The patient had an x-ray of the lumbar spine done in February 27, 2014, and an MRI of the lumbar spine done last October 7, 2013, which suggested marked facet arthropathy. On August 7, 2013, there was a special report addressing the request for a lumbar medial branch block. This report indicates that the patient presents with limited lumbar range of motion, lumbar tenderness, and positive lumbar facet loading on both sides. Physical exam

demonstrates negative neurologic findings. The patient has tried to manage his pain with activity modification and medication management. The patient was unable to perform physical exercise secondary to significant pain and functional limitations. Clarification identifies that only two facet joints are targeted: the L3-4 joint and L5 and sacral alae. The special report also indicated that a lumbar medial branch block is needed by the patient for prompt pain relief in order to improve his functional capacity and gradually increase tolerance to exercises.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LUMBAR MEDIAL BRANCH BLOCK AT THE LEVELS OF THE LEFT L3, L4, L5 AND SACRAL ALA.: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Chapter: Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

**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 CHAPTER, FACET JOINT MEDIAL BRANCH BLOCKS SECTION.

**Decision rationale:** The California MTUS does not specifically address medial branch blocks. The Official Disability Guidelines were used as an alternate guideline. According to the Low Back Chapter of the Official Disability Guidelines, medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. In this case, the patient presents with persistent low back pain consistent with facetogenic pain in that facet loading tests are positive, neurologic findings are negative. The patient has failed prolonged attempts at conservative management. The patient was unable to perform physical exercise secondary to significant pain and functional limitations. The plan would be to move on to radiofrequency ablation (RFA) if the medial branch blocks were positive, and pain relief obtained from such procedure would then enable the patient to participate in physical therapy. Clarification identifies that only two facet joints are targeted: the L3-4 joint and L5 and sacral alae. Given that the patient meets guidelines recommendations, diagnostic medial branch blocks as requested are appropriate. Therefore, the request is medically necessary.