

<b>Case Number:</b>	CM13-0019437		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Ohio and Texas. 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 50 year old male who reported an injury on 10/26/2012. The mechanism of injury was the patient was lifting and carrying heavy mattresses and injured his lower back. The clinical documentation dated 06/17/2013 stated the patient was feeling better as of 01/18/2013, was being weaned off pain medication; pain was decreased, and was eating bananas to prevent cramps. The patient was recommended acupuncture, medial branch blocks at L3-4, L4-5 and L5-S1 due to the diagnostic properties attributed to the procedure, due to abnormalities on the physical examination consistent with pain generated from facet arthropathy, and due to abnormalities on the MRI. The clinical documentation dated 08/2/2013 stated the patient complained of pain to the low back at a 6/10. The patient stated the pain is severe at times and that the pain increased with activity. The patient denied any radiating pain, numbness, tingling or weakness to the legs. The patient stated the pain is greater on the left side. The MRI dated 12/20/2012 showed severe neural foraminal narrowing on the right at L4-L5, moderate neural foraminal narrowing on the left at L2-L3 and bilaterally at L5-S1. Mild-to-moderate bilateral neural stenosis at L5-S1, asymmetric disc bulge with posterior marginal endplate osteophytes abutting the left L2 nerve. Tiny right paracentral disc extrusion at L4-L5 without significant neural compression. There was mild-to-moderate bilateral facet arthropathy at L4-L5 and facet arthropathy at L3-L4. There was also mild bilateral facet arthropathy at L2-L3. The patient was diagnosed with motor level disc herniations of the lumbar spine with moderate to severe neural foraminal narrowing and facet arthropathy of lumbar spine. The patient has undergone chiropractic treatment of 25 sessions with improvement, physical therapy with improved range of motion and pain medication is being weaned. The patient had an electrodiagnostic evaluation on 05/23/2013 that was normal

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Acupuncture for the back, QTY 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS recommends acupuncture. CA MTUS recommends acupuncture when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines also state acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The clinical documentation does not meet the guideline recommendations. The clinical documentation submitted for review stated the patient complained of persistent low back at 6/10. The patient had been treated with 25 chiropractic visits with improvement, physical therapy with improved range of motion, was eating bananas for cramps and pain medication was being weaned as of 01/18/2013. Although, the patient continues to complain of pain, guideline recommendation state the time to produce functional improvement with acupuncture is 3 to 6 treatments, 1 to 3 times per week over a 1 to 2 months. Therefore, the request exceeds the guideline recommendations. As such, the request is non-certified.

### **Medical Branch block on the left at L3-L4: QTY: 1: 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,) Low back, Facet joint diagnostic blocks (injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint diagnostic blocks (injections).

**Decision rationale:** CA MTUS, ACOEM states there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The clinical documentation submitted for review dated 07/08/2013 stated the patient still complained of pain at 6/10 to low back. The patient had physical therapy, medication treatment

and chiropractic care. However, the guidelines recommend no more than 2 facet joint levels are injected in one session. As such, the request is non-certified.

**Medical Branch block on the left at L4-L5: QTY: 1: 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); Low back, Facet joint diagnostic blocks (injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint diagnostic blocks (injections)

**Decision rationale:** CA MTUS, ACOEM states there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The clinical documentation submitted for review dated 07/08/2013 stated the patient still complained of pain at 6/10 to low back. The patient had physical therapy, medication treatment and chiropractic care. Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. However, the request for medial branch blocks include L3-4, L4-5 and L5-S1. As such, the request is non-certified.

**Medical Branch block on the left at L5-S1: QTY: 1: 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), Low back, Facet joint diagnostic blocks (injections)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint diagnostic blocks (injections).

**Decision rationale:** CA MTUS, ACOEM states there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels.

The clinical documentation submitted for review dated 06/17/2013 stated the patient has undergone chiropractic treatment of 25 sessions with improvement, physical therapy with improved range of motion and pain medication is being weaned. The clinical documentation submitted for review dated 07/18/2013 stated that patient complained of pain at 6/10 with no symptoms or radiation to the lower extremities. However, the guideline recommendations state no more than recommend no more than 2 facet joint levels are injected in one session. As such, the request is non-certified.