

<b>Case Number:</b>	CM13-0032186		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 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 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 employee is a 54-year-old female with a date of injury of 5/11/12. In the medical report dated 10/4/13, the treating physician stated: "Patient is having continued low back pain. Recent MRI shows facet arthropathy and degenerative disc disease." The employee was diagnosed with lumbago and low back pain. The physician's treatment plan is to continue lumbar medial branch blocks to rule out facet arthropathy and see if the employee is a candidate for rhizotomy. In an appeal letter dated 10/4/13, the physician indicated he felt the employee had facet arthropathy because she had pain at the midline and paraspinous areas of the lumbar spine, had a positive MRI for moderate bilateral degenerative changes and facet arthropathy, and experienced a lot of pain with extension and lateral bending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Course of bilateral medial branch blocks at L3-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**Decision rationale:** According to ACOEM Practice Guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The ACOEM Practice Guidelines state, "Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery." According to the Official Disability Guidelines (ODG), facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence for treatment. The ODG also note that facet blocks should not be used for patients who may undergo surgery or had a previous procedure at the planned level of injection. Upon review of the submitted documentation, the employee is not an appropriate candidate for medial branch blocks. Facet joint medial branch blocks are not recommended except as a diagnostic tool. Further, no more than two joint levels may be blocked at one time. Based on the medical records provided as well as the above guidelines, the requested course of bilateral medial branch blocks at L3-S1 is not medically necessary and appropriate.