

<b>Case Number:</b>	CM13-0037840		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/09/2003
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Medicine and is licensed to practice in California 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 57-year-old male who reported a work-related injury on 07/09/2003 after lifting heavy objects. The patient was treated conservatively with pain medications, physical therapy, and injections. MRI of the patient's lumbar spine revealed no canal narrowing and multilevel facet arthropathy. Physical exam of the patient revealed severe tenderness present at the left thoracic paraspinal muscles from T10 to L2 and thoracic flexion was moderately decreased. A request has been made for right and left medial branch nerve blocks at L1-2, right and left medial branch nerve blocks at L2-3, and right and left medial branch nerve blocks at T12-L1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Medial Brach Nerve Block L1-2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The California Medical Treatment Guidelines indicate that facet joint injections are not recommended due to the limited research based evidence for evaluating and managing low back complaints. The Official Disability Guidelines indicate that the patient's clinical presentation should be consistent with facet joint pain as criteria for the use of diagnostic blocks for facet-mediated pain. There was no recent physical exam that gave evidence of objective findings of facet-mediated pain. The most recent physical exam stated the patient presented with back pain that was located across the lumbar spine and his symptoms were described as aching, burning, pinching, stabbing, and tingling. The patient's gait was normal and no paresthesias or weakness was noted. The patient was not noted to be tender to palpation in the paravertebral areas over the facet region. The most recent thorough physical exam of the patient dated 06/20/2013 indicated the patient's sensations were decreased in the right L3 and S1 dermatomes and his patellar reflexes were slightly bunted and had a slight antalgic gait. The patient was diagnosed with lumbar radiculopathy at this time. Furthermore, there was no documentation of failure of conservative treatment prior to the requested procedure for at least 4 to 6 weeks. As such, the decision for Right Medial Brach Nerve Block L1-2 is non-certified.

**Left Medial Brach Nerve Block L1-2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** Recent clinical documentation stated the patient had severe tenderness present at the left thoracic paraspinal muscles from T10 to L2 and thoracic flexion was moderately decreased. The California Medical Treatment Guidelines do not recommend facet joint injections for managing chronic low back pain. There was a lack of documentation noting the patient had signs and symptoms of facet joint pain per criteria for the use of diagnostic blocks for facet-mediated pain per the Official Disability Guidelines. In addition, there was no documentation of failure of conservative treatment prior to the requested procedure for at least 4 to 6 weeks. Therefore, the decision for Left Medial Brach Nerve Block L1-2 is non-certified.

**Right Medial Brach Nerve Block L2-3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** The California Medical Treatment Guidelines indicate that facet joint injections are not recommended for managing low back complaints. There was no recent physical exam of the patient presented for review that revealed objective and subjective findings of facet joint pain per guideline criteria for the use of diagnostic blocks for facet-mediated pain per the Official Disability Guidelines. There was a lack of documentation of the patient's failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the requested procedure for at least 4 to 6 weeks. The efficacy of the patient's former chiropractic treatments was not noted. Therefore, the decision for Right Medial Brach Nerve Block L2-3 is non-certified.

#### **Left Medial Brach Nerve Block L2-3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** Recent clinical documentation noted the patient had lumbar radiculopathy with an onset date of 06/20/2013. There was no recent physical exam submitted with the review to indicate that the patient had signs and symptoms of facet-mediated pain per guideline criteria for the use of diagnostic blocks for facet-mediated pain per the Official Disability Guidelines. Medial branch blocks are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There was no documentation stating the patient had failed recent conservative care to include physical therapy, exercise, muscle relaxants, or NSAIDs. Therefore, the decision for Left Medial Brach Nerve Block L2-3 is non-certified.

#### **Right Medial Brach Nerve Block T12-L1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** Recent clinical documentation stated the patient presented with back pain that he described as aching, burning, pinching, stabbing, and tingling that radiated into both lower extremities. There was a lack of physical exam findings noting tenderness to palpation in the paravertebral areas over the facet region. The patient was noted to have had a positive straight leg raise test and was diagnosed with radiculopathy to cervical and lumbar on 06/20/2013. Furthermore, criteria for the use of diagnostic blocks for facet-mediated pain recommend no more than 2 facet joint levels are injected in 1 session. There was also no

documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Previous clinical documentation stated the patient underwent left T12-L1 medial branch nerve blocks on 11/16/2011 with a great response and a radiofrequency on 01/25/2012 with a very temporary response. Guideline criteria indicates 1 set of diagnostic medial branch blocks is required with a response of greater than 70% as criteria for the use of diagnostic blocks for facet-mediated pain. As such, the decision for Right Medial Brach Nerve Block T12-L1 is non-certified

**Left Medial Brach Nerve Block T12-L1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disability Guidelines, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections)

**Decision rationale:** The California Medical Treatment Guidelines state that facet joint injections are not recommended due to limited research based evidence for managing low back complaints. The Official Disability Guidelines indicate the patient should have a clinical presentation consistent with facet joint pain. Criteria further states that facet joint diagnostic blocks are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There was no documentation of failure of conservative treatment for the patient to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There was not a recent physical exam submitted for review noting the patient had tenderness to palpation in the paravertebral areas over the facet region. Given the above, the decision for Left Medial Brach Nerve Block T12-L1 is non-certified.