

<b>Case Number:</b>	CM13-0040020		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 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 42-year-old male who reported an injury on 09/16/2012. The mechanism of injury was noted to be that the patient was pulling a rope at work. The patient's medications were noted to be Norco 10/325 and ibuprofen. The documentation submitted for review regarding the request for a medial nerve branch block indicated that the patient originally had pain radiating to both buttocks and had medications, chiropractic care and injections. There was moderate tenderness at the lumbar paraspinals bilaterally and the L4 spinous process. Lumbar extension was 70% of normal. The straight leg raise tests were negative. The patient's diagnosis was noted to be lumbar degenerative disc disease and radiculitis and back pain as well as sciatica. The patient was noted to have bilateral facet injections at L3-4, L4-5 and L5-S1; and he reported ten (10) days of relief of 95% of his pain. The request was made for a bilateral medial branch block at L3-S1, and radiofrequency ablation (RFA) therapy would follow if indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral medial nerve branch block at L3-4, L4-5, and L5-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): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Block

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. The Official Disability Guidelines indicate that facet joint medial branch blocks are not recommended as therapeutic injections, except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient should have facet-mediated pain, which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. One set of diagnostic medial branch blocks is required with a response of 70% and it is limited to no more than two (2) levels bilaterally. The guidelines recommend no more than one (1) set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The patient was noted to have bilateral facet injections at L3-4, L4-5 and L5-S1; and he reported ten (10) days of relief of 95% of his pain and the physician indicated that radiofrequency ablation (RFA) therapy would follow if indicated. The clinical documentation submitted for review indicated that the patient had tenderness to palpation in the paravertebral area over the facet region and negative straight leg raise exam. There was a lack of documentation indicating that the patient had a myotomal and dermatomal examination to support there was a normal sensory examination. Additionally, the injections are to be limited to no more than two (2) levels bilaterally. The patient had a prior injection with positive results for ten (10) days and there was a lack of documented rationale for the necessity of a second diagnostic block at the same level. Given the above and the lack of documentation of exceptional factors, the request for bilateral medial nerve branch block at L3-4, L4-5 and L5-S1 is not medically necessary.